CAPITAL AREA BEHAVIORAL
HEALTH COLLABORATIVE, INC.
Established October 1999

CAPITAL AREA BEHAVIORAL HEALTH COLLABORATIVE, INC.

CONTINUOUS QUALITY IMPROVEMENT ANNUAL REPORT

Calendar Year 2017

Contents

EXECUTIVE SUMMARY

CABHC manages the HealthChoices Behavioral Health contract for Cumberland, Dauphin, Lancaster, Lebanon and Perry Counties (Counties). Through our partnership with PerformCare, the Counties, Providers and other stakeholder groups, we provided services to a total of 49,345 individuals out of a possible membership of 263,693. Adults comprise 64% of the people who accessed treatment compared to 36% for children/adolescents (C/A), with Lancaster County maintaining the greatest number of individuals who received treatment out of the Counties.

CABHC is committed to providing accessible behavioral health services to C/A that are consistent with the Child and Adolescent Service System Program (CASSP) principles. Services are provided through a network of providers that includes individual practitioners, community-based providers and residential facilities. The behavioral health services utilized the most by C/A is Mental Health Outpatient services followed by Behavioral Health Rehabilitation Services (BHRS). The number of C/A who accessed Outpatient services increased over the past year and BHRS utilization decreased. Children/adolescents without an Autism Spectrum Diagnosis (ASD) remained relatively unchanged and the number of C/A with an ASD increased.

In CY 2017, PerformCare fully implemented a revised process for initial evaluations and Medical Necessity Determination (MNC) to improve efficiencies and reduce the amount of time between the initial evaluation and authorization of services. Data was collected to determine what effect the changes had on initial BHRS MNC determinations. The data will be reviewed in 2018.

PerformCare continued their efforts to complete action items that were included in the BHRS Summit Work Plan that was developed in 2013 and revised in 2016. Most notable was the development of Functional Family Therapy services.

The number of adults who accessed behavioral health services in 2017 increased 4.2% from 2016, to 31,742. The majority of the adults accessed outpatient services. In 2017, there was a 2.9% increase in the number of adults who utilized outpatient services.

Mobile Psych Nursing and Partial Hospitalization experienced minor increases in utilization in 2017. Assertive Community Treatment services remained stable. The total number of adults who accessed a mental health inpatient program in 2017 decreased 8.5% to 2,462.

Throughout the Counties there are many treatment options for individuals who have a Substance Use Disorder (SUD) which include but are not limited to inpatient and non-hospital detox, residential rehabilitation services, halfway houses, outpatient and medication assisted treatment. In 2017, there was a 15.2% decrease in the number of adolescents who accessed a D&A service. The number of adults who accessed a Drug and Alcohol (D&A) service increased 7% and costs increased 14%.

The CABHC provider network consists of 670 providers. The availability of providers is fairly consistent among the Counties. There are a smaller number of providers located in Perry County however Members have access to full array of State plan services.

In 2017, CABHC distributed a provider satisfaction survey that yielded a return rate of 30%. The survey produced a similar score to 2016 with three sections increasing and four sections decreasing in satisfaction score. The Provider Relations Committee will review the results with PerformCare and request a response to the low scoring sections.

PerformCare completed the process to implement the Provider Profiling program that is used to compare providers using a variety of information and data sets. Providers will receive a mid-year and annual report. In 2017, 13 different levels of care were completed and all providers received a copy of their report.

In coordination with a provider's credentialing, PerformCare completes Treatment Record Reviews (TRR) every three years. The review evaluates a provider's performance in completing assessments, developing treatment plans, executing the treatment plan and adhering to recovery principles. In 2017, PerformCare completed 26 TRRs that resulted in six quality improvement plans developed by providers who scored below the 80% required threshold.

The Consumer Family Focus Committee (CFFC) was active with scheduling presentations during committee meetings in order to increase committee member awareness and understanding of various resources and services throughout the community. A county-wide training was held in December that focused on Evidence Based Therapies.

There was a continued focus on Physical Health (PH) and Behavioral Health (BH) activities that included new tools and articles posted to the PerformCare website. Work continued on the PH/BH workgroup initiatives including completion of the Support Caregiver Toolkits. PerformCare completed all negotiations with the PH MCOs and developed integrated care plans in an effort to meet the requirements of the OMHSAS Pay for Performance integrated PH/BH program.

Over the past several years, CABHC has been able to sustain the operation of four reinvestment programs that include Respite, Substance Abuse Recovery Houses, Specialized Transitional Support for Adolescents and the Recovery Specialist Program (RSP). In addition to the four previously mentioned reinvestment projects, CABHC supported the development and operations of 21 additional projects that benefit all the Counties collectively, or specific County projects.

CABHC's financial performance remained strong during FY 16/17. As a result of positive growth in membership, administrative revenue increased. The administrative surplus for FY2017 was positive which was used to pay for additional reinvestment projects. An audit of CABHC and the HealthChoices contract was conducted by the Binkley-Kanavy Group that yielded no reportable findings.

CABHC Overview

The Capital Area Behavioral Health Collaborative (CABHC) is a private, not-for-profit company established in 1999 through the collaboration of Cumberland, Dauphin, Lancaster, Lebanon, and Perry Counties Mental Health and Substance Abuse programs in order to provide management and oversight of the Office of Mental Health and Substance Abuse Services' (OMHSAS) HealthChoices Behavioral Health contract. The Counties collectively contract with a Behavioral Health Managed Care Organization (BH-MCO), PerformCare, that carries out the day to day operations of the HealthChoices contract as an Administrative Service Organization. CABHC secures and maintains all of the risk coverage for the Counties. The goals of the OMHSAS HealthChoices Behavioral Health Program are to enhance Members' access to health care services, to improve the quality of care accessible to Members, and to stabilize Pennsylvania's Medical Assistance spending. In accordance with these goals, CABHC's mission is:

To ensure access to and delivery of a coordinated, effectively managed, comprehensive array of quality mental health and substance abuse services that reflect the holistic needs of eligible residents throughout the five-county area.

This report is intended to summarize CABHC's efforts during the 2016 calendar year to continue execution of its mission, and the goals of the HealthChoices program.

CABHC Organizational Structure

CABHC has continually emphasized cooperation and unity between individuals, organizations, and systems for ongoing improvement in the quality and effectiveness of behavioral health services throughout the Counties. This philosophy of partnership continues to be mirrored in the supportive efforts of CABHC's professional staff, the inclusion of persons in recovery, County staff, and family members within each of CABHC's committees and workgroups. It also stems through CABHC's contracts and cooperation with other organizations in the community, including Providers and PerformCare, to promote quality and effective service delivery.

The County Commissioners of each of CABHC's member Counties appoint two representatives to the Board of Directors, one representing Mental Health and one representing Substance Abuse. In addition, two non-voting representatives from the Consumer Family Focus Committee serve as liaisons to the Board. In their role, they keep the Board updated regarding information and concerns expressed by the Consumer Family Focus Committee (CFFC) concerning Mental Health (MH) and Drug and Alcohol (D&A) matters and offer insight to Board decisions. CABHC's staff is structured into three specific areas which are Administrative, Financial, and Programs. They are each supervised by a member of the Management Team. The Management team is supervised by the Chief Executive Officer, who is responsible to the Board of Directors.

The Administrative area is comprised of the Receptionist/Administrative Assistant, who is supervised by the Executive Assistant. The Financial area includes the staff Accountant, supervised by the Chief Financial Officer (CFO). Lastly, the Program area includes professional specialist positions in Children's Services, Drug and Alcohol Services, Member Relations, Provider Network, and Quality Assurance. These positions are supervised by the Director of Program Management.

CABHC has a contract with Allan Collautt Associates, Inc. (ACA) which provides IT and Data Management services. In this capacity, ACA is responsible for all IT functions and security.

A preponderance of the efforts of CABHC is facilitated by the Board's committee structure, with the support of CABHC staff positions outlined above. By design, each of the committees are co-chaired by Board members, and includes representation from each of the Counties, from individuals receiving mental health services through HealthChoices, families of these individuals, or individuals recovering from substance abuse. As needed, staff members from PerformCare are invited to attend the committee meetings. The CABHC committees include:

Clinical Committee
The Clinical Committee is responsible for providing clinical analysis and to review quality of care issues across all levels of care and oversight of treatment related activities of the HealthChoices program. This committee analyzes best practice guidelines and treatment standards, reviews provider outcome reports, monitors access standards to treatment, monitors activity of Reinvestment Services and establishes subcommittees/workgroups as needed to conduct additional studies of matters related to providing services to Members.

Consumer Family Focus Committee
Consumers and family members comprise the majority of the Consumer Family Focus Committee which is responsible for recruitment and training of Consumers' participation in the CABHC committee structure, providing feedback and recommendations of how the Program is managed, and education and outreach efforts to Members and stakeholders in the community regarding HealthChoices and recovery.

Fiscal Committee
Financial matters are monitored by the Fiscal Committee which is responsible for providing oversight regarding the financial matters associated with the HealthChoices program and the Corporation.

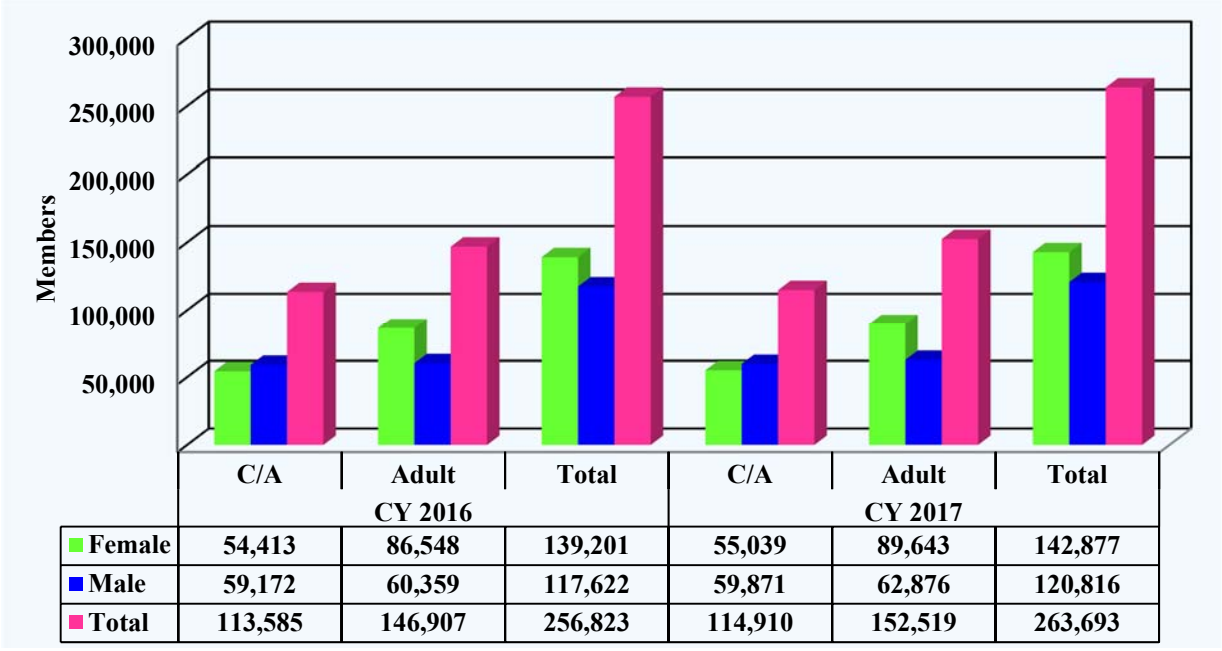
Provider Relations Committee
The Provider Relations Committee is responsible for the oversight of the provider network developed by PerformCare. Areas of focus includes monitoring the BH-MCO's provider network to assure access standards are met, choice is provided, specialty needs are available to Members, develop and monitor the need for additional existing service locations and for new services, develop and monitor provider satisfaction surveys, monitor provider profiling reports, and monitor PerformCare credentialing committee activity.

In addition to these standing committees, CABHC also develops workgroups and other committees as needed to address a number of issues. The workgroups include the Peer Support Services Steering Committee (PSSSC), Drug & Alcohol Workgroup, and the Respite Workgroup. These workgroups include consumers and representatives from each of the Counties.

MEMBERSHIP

CABHC receives on a daily basis a file from the Department of Human Services (DHS) that identifies individuals who are determined to be Medicaid eligible, enrolled in the HealthChoices program and any changes in their eligibility. The file is audited by Allan Collautt Associates Inc. (ACA) to verify that the eligibility information is accurate, and once verified the list of eligible HealthChoices enrolled Medicaid participants becomes the member count. In order for a Member to be counted, they must be Medicaid HealthChoices eligible for one day in the calendar year. The following membership graphs highlight the number of Members that were eligible for HealthChoices. Membership increased 2.7% from 2016 to 2017.

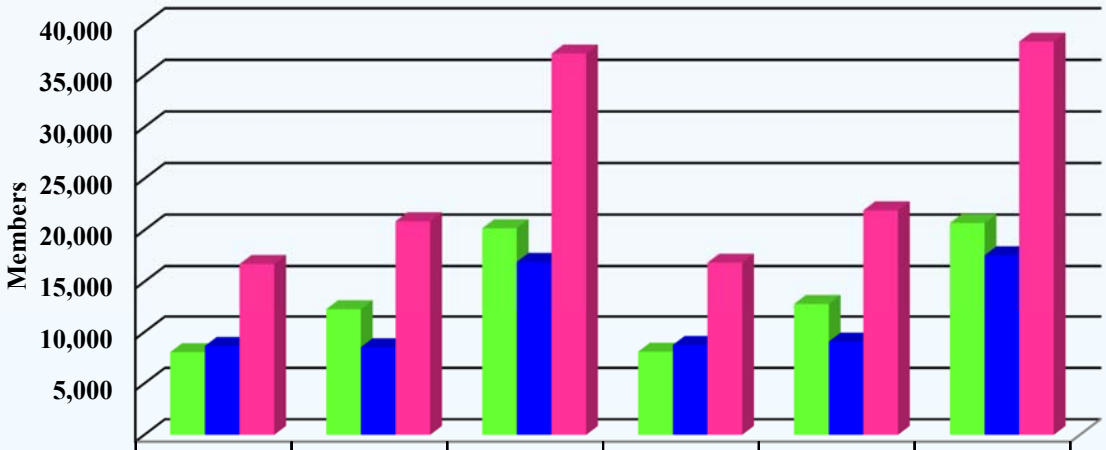
Graph 1: Total Membership



	CY 2016			CY 2017		
	C/A	Adult	Total	C/A	Adult	Total
Female	54,413	86,548	139,201	55,039	89,643	142,877
Male	59,172	60,359	117,622	59,871	62,876	120,816
Total	113,585	146,907	256,823	114,910	152,519	263,693

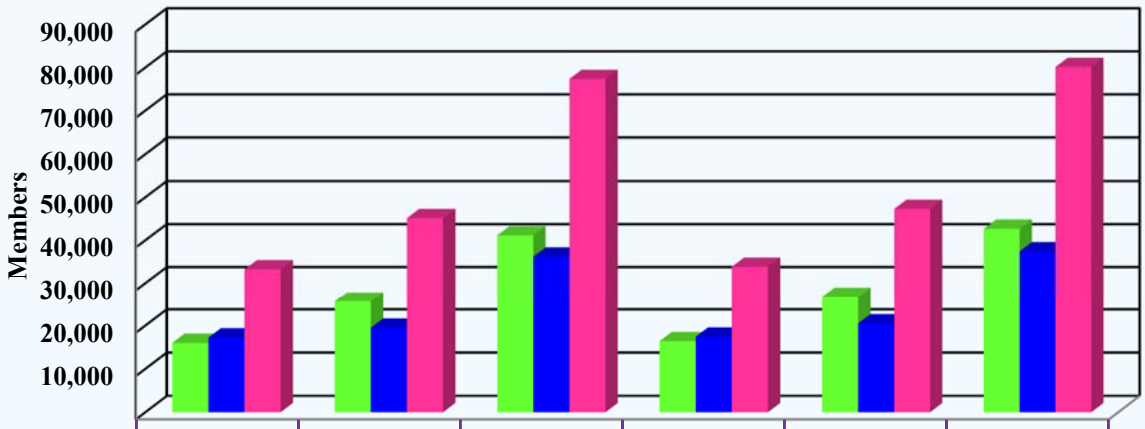
C/A = Children and Adolescents
CY = Calendar Year

Graph 2: Cumberland County Membership



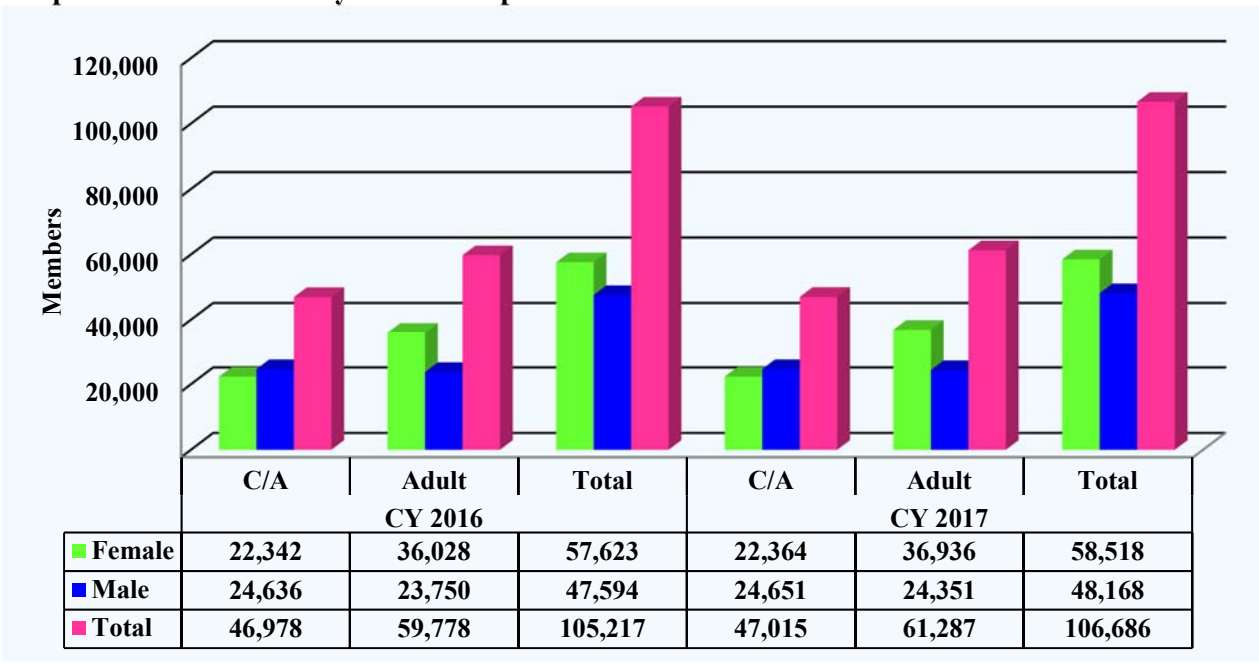
	CY 2016			CY 2017		
	C/A	Adult	Total	C/A	Adult	Total
Female	8,060	12,338	20,193	8,101	12,850	20,711
Male	8,666	8,544	16,944	8,762	9,083	17,576
Total	16,726	20,882	37,137	16,863	21,933	38,287

Graph 3: Dauphin County Membership



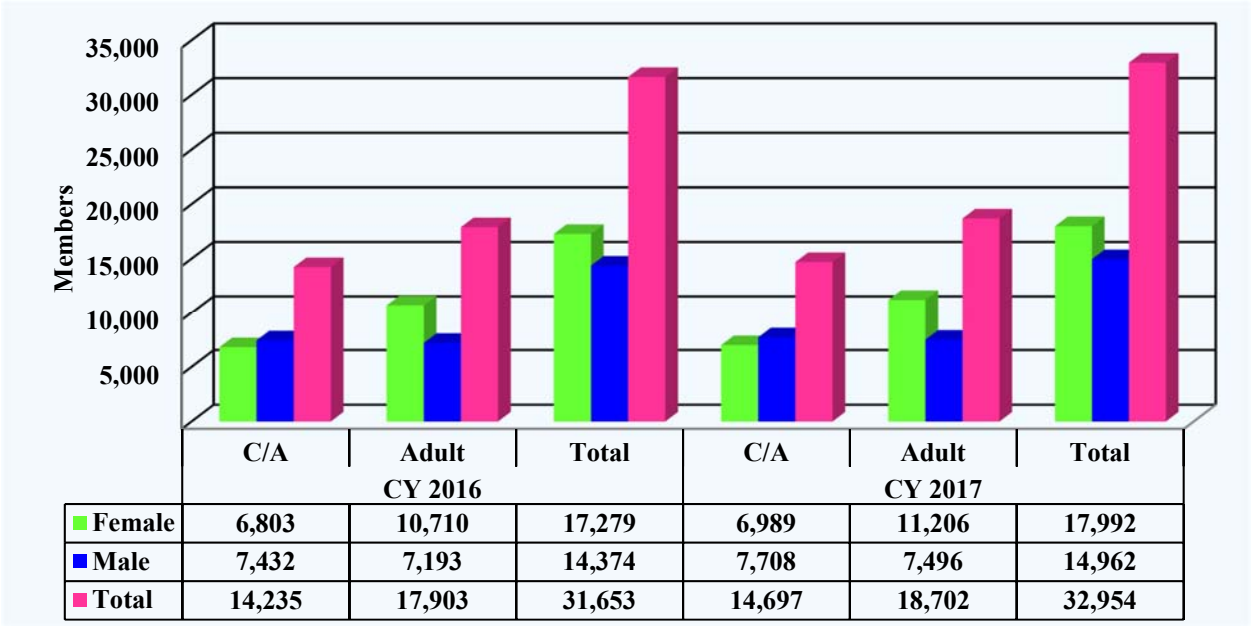
	CY 2016			CY 2017		
	C/A	Adult	Total	C/A	Adult	Total
Female	16,012	25,653	41,161	16,412	26,789	42,688
Male	17,231	19,513	36,202	17,447	20,521	37,447
Total	33,243	45,166	77,363	33,859	47,310	80,135

Graph 4: Lancaster County Membership



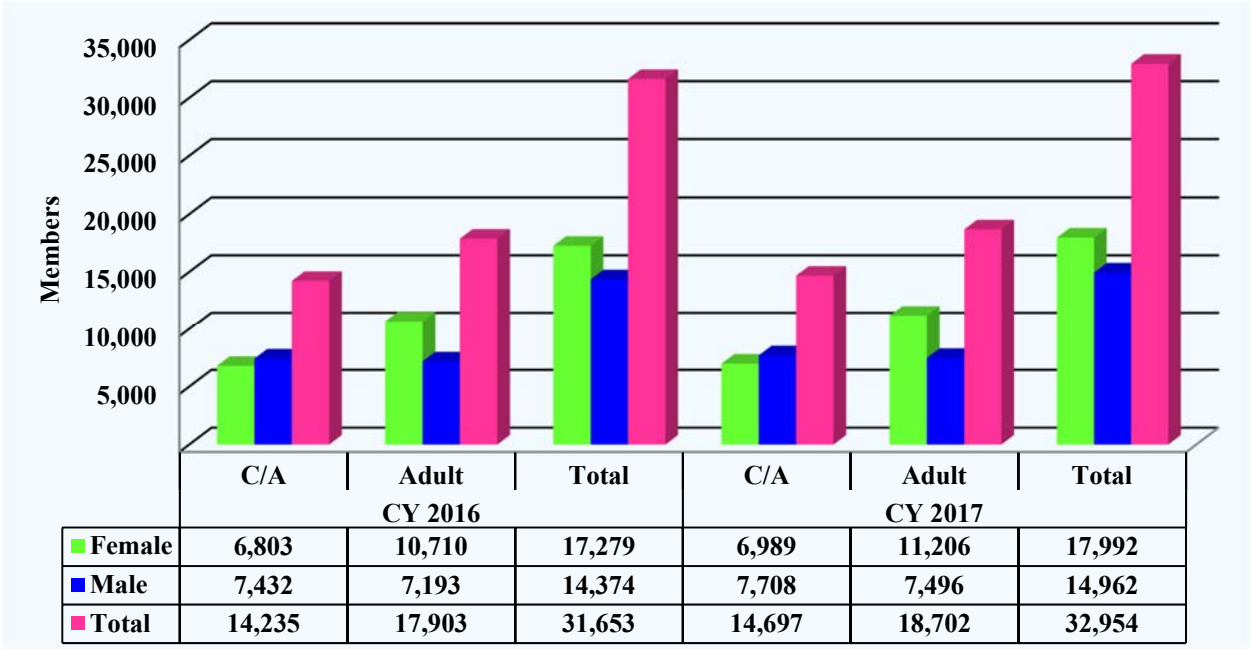
	CY 2016			CY 2017		
	C/A	Adult	Total	C/A	Adult	Total
Female	22,342	36,028	57,623	22,364	36,936	58,518
Male	24,636	23,750	47,594	24,651	24,351	48,168
Total	46,978	59,778	105,217	47,015	61,287	106,686

Graph 5: Lebanon County Membership



	CY 2016			CY 2017		
	C/A	Adult	Total	C/A	Adult	Total
Female	6,803	10,710	17,279	6,989	11,206	17,992
Male	7,432	7,193	14,374	7,708	7,496	14,962
Total	14,235	17,903	31,653	14,697	18,702	32,954

Graph 6: Perry County Membership

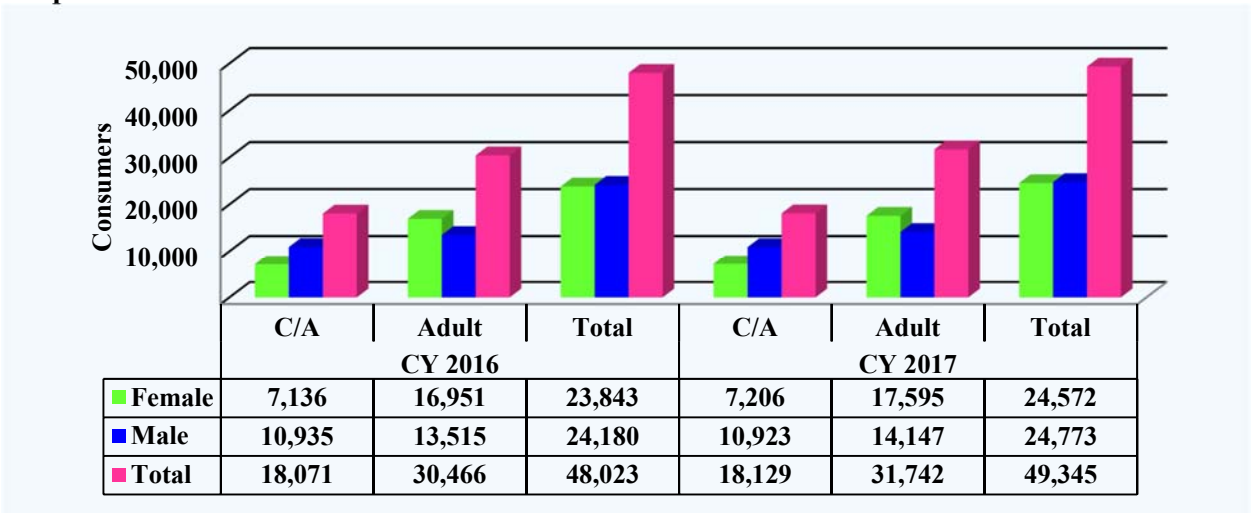


	C/A	Adult	Total	C/A	Adult	Total
	CY 2016			CY 2017		
Female	6,803	10,710	17,279	6,989	11,206	17,992
Male	7,432	7,193	14,374	7,708	7,496	14,962
Total	14,235	17,903	31,653	14,697	18,702	32,954

CONSUMERS

In CY 2017, the number of Consumers who accessed services increased 2.8% from CY 2016. Any Member who accessed a Behavioral Health Service, which includes both mental health and drug and alcohol services, is referred to as a Consumer. There are more male than female Children and Adolescent (C/A) consumers and more female than male adult consumers, but collectively there is only a slight difference between the total number of female and male Consumers (see Graph 7). It should be noted that there was minimal change from 2016 in the Penetration (18.76%).

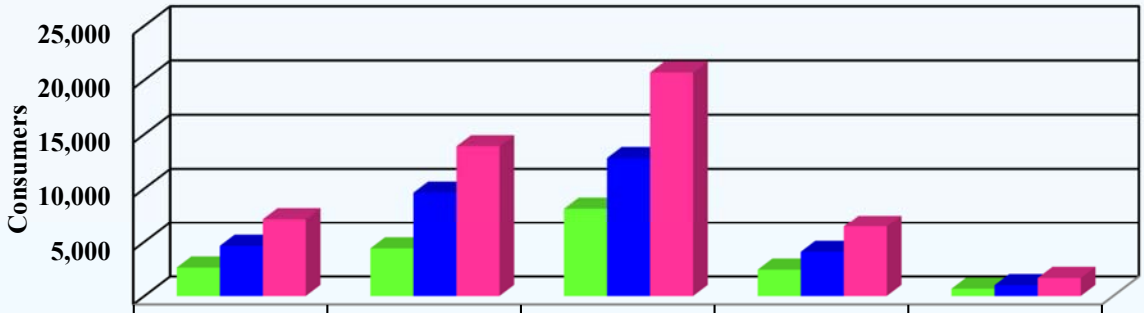
Graph 7: Total Consumers



	C/A	Adult	Total	C/A	Adult	Total
	CY 2016			CY 2017		
Female	7,136	16,951	23,843	7,206	17,595	24,572
Male	10,935	13,515	24,180	10,923	14,147	24,773
Total	18,071	30,466	48,023	18,129	31,742	49,345

Graph 8 shows the distribution of Consumers between Counties. Lancaster County has the largest number of people using services at 42%. Cumberland County is 14.5%, Dauphin County is 28%, Lebanon County is 13% and Perry County has the smallest number of Consumers at 3.4%. Of the 49,345 consumers who received services in CY 2017, 10,654 are individuals who are eligible for HealthChoices through Medicaid expansion.

Graph 8: Consumers by County



	Cumberland	Dauphin	Lancaster	Lebanon	Perry
C/A	2,625	4,393	8,131	2,427	669
Adult	4,620	9,613	12,811	4,074	1,005
Total	7,160	13,889	20,702	6,434	1,658

The data in Table 1 reflects the diversity of consumers throughout the Counties.

Table 1: Race

County	American Indian	Asian	Black	Hispanic	Other	White
Cumberland	36	80	534	420	472	5,618
Dauphin	44	209	4,364	2,274	768	6,230
Lancaster	57	203	1,827	5,064	1,188	12,363
Lebanon	5	26	236	1,800	218	4,149
Perry	2	3	36	30	30	1,557
Total	**141**	**519**	**6,944**	**9,537**	**2,646**	**29,560**

CHILDREN/ADOLESCENT SERVICES

CABHC is committed to promoting the emotional wellbeing of Children/Adolescents and ensuring that C/A with emotional, behavioral and substance use disorder challenges have access to quality services. Making services available at an early age affords the best chance for success as they enter adolescence and adulthood. All services are based on the Child and Adolescent Service System Program (CASSP) that ascribes to the principles that services should be child centered, family focused, community based, multi-system, culturally competent and the least intrusive.

Equally important is the need that services are accessible both in assuring that the service is available when needed and that they are located geographically as close as possible to a child/family home. For this reason, CABHC through PerformCare maintains a network of child/adolescent providers that includes individual practitioners, Mental Health and Drug and Alcohol (D&A) providers. The primary mental health services utilized by C/A include Behavioral Health Rehabilitation Services (BHRS) that are typically provided in the home, school or community, After School Programs (ASP), Summer Therapeutic Activity Programs (STAP), Mental Health Outpatient (MHOP) services, Partial Hospitalization Programs (PHP), Family Based Mental Health (FBMH), Crisis Intervention (CI) and Targeted Case Management(TCM). In addition, there are residential services that include Community Residential Rehabilitation Host Homes (CRR-HH) and Residential Treatment Facilities (RTF). Acute hospital-based service includes Inpatient Psychiatric Hospitalization (MHIP). Table 2 identifies the number of C/A who utilized these C/A mental health services.

Table 2: C/A Mental Health Services

County	CI	TCM	MHOP	PHP	BHRS	ASP	STAP	FBMH	CRR-HH	RTF	MHIP	Total
Cumberland	283	87	2,180	50	553	30	4	184	10	28	118	2,482
Dauphin	300	610	3,673	160	1,086	172	16	269	11	39	189	4,159
Lancaster	287	341	7,366	443	1,725	93	126	452	29	95	473	7,932
Lebanon	152	180	2,113	141	548	100	24	204	8	43	130	2,361
Perry	78	26	518	14	80	1	2	60	6	7	72	564
Total	**1,098**	**1,244**	**15,768**	**807**	**3,969**	**395**	**172**	**1,165**	**64**	**210**	**982**	**17,392**

Table 3 displays the number of C/A who accessed a D&A service that may include: Non-Hospital Residential Detox, Non-Hospital Residential Rehabilitation, D&A Outpatient, D&A IOP, D&A Outpatient Supplemental and D&A Intensive Outpatient.

Table 3: C/A D&A Services

County	NH-Detox	NH-Rehab	D&A OP	D&A Supp.	D&A IOP	Total
Cumberland	2	4	63		11	64
Dauphin		3	106	3	36	108
Lancaster	1	11	88		6	92
Lebanon	1	2	35	1	2	36
Perry			8		1	8
Total	**4**	**20**	**299**	**4**	**56**	**307**

*D&A-OP Supplemental includes D&A Assessment

Autism Spectrum Disorder (ASD)

In CY 2017, the number of C/A with an ASD who utilized behavioral health services increased 2.9% and costs increased 6.5% from the previous year. From CY 2016 to CY 2017, there was a 0.1% decrease in the number of C/A with a BH diagnosis other than ASD and a 2.7% decrease in costs. The total number of C/A and costs remained stable. Table 4 identifies the change from 2016 to 2017 in the number of C/A who utilized services with ASD compared to those with another diagnosis. Individuals with autism represent 18.2% of the total population of C/A who received Behavioral Health services in 2017.

Table 4: ASD and Non-ASD Children/Adolescents

		CY 2016		CY2017		% Change	
County	**ASDx**	**C/A**	**Dollars**	**C/A**	**Dollars**	**C/A**	**Dollars**
Cumberland	N	2,196	$8,907,991	2,268	$9,056,932	3.3%	1.7%
	Y	617	$4,653,078	626	$5,067,681	1.5%	8.9%
Total		**2,560**	**$13,561,069**	**2,631**	**$14,124,613**	2.8%	4.2%
Dauphin	N	4,082	$20,043,290	3,969	$18,637,820	-2.8%	-7.0%
	Y	721	$6,577,901	785	$6,769,357	8.9%	2.9%
Total		**4,482**	**$26,621,191**	**4,396**	**$25,407,176**	-1.9%	-4.6%
Lancaster	N	7,409	$32,175,986	7,402	$31,304,437	-0.1%	-2.7%
	Y	1,326	$11,741,033	1,368	$12,621,346	3.2%	7.5%
Total		**8,062**	**$43,917,019**	**8,140**	**$43,925,783**	1.0%	0.0%
Lebanon	N	2,137	$11,266,822	2,164	$11,127,934	1.3%	-1.2%
	Y	444	$4,364,177	446	$4,649,653	0.5%	6.5%
Total		**2,396**	**$15,631,000**	**2,427**	**$15,777,588**	1.3%	0.9%
Perry	N	620	$2,721,428	624	$2,930,188	0.6%	7.7%
	Y	118	$501,964	108	$539,718	-8.5%	7.5%
Total		**675**	**$3,223,392**	**669**	**$3,469,906**	-0.9%	7.6%
Grand Total	N	16,350	$75,115,517	16,333	$73,057,310	-0.1%	-2.7%
	Y	3,215	$27,838,153	3,309	$29,647,755	2.9%	6.5%
Total		**18,071**	**$102,953,670**	**18,147**	**$102,705,065**	**0.4%**	**-0.2%**

BHRS

Over the past year there have been efforts centered on improving BHRS services which include:

1) **Improving Access Times**

   On a monthly basis, CABHC presented BHRS Access reports to the Clinical Committee and OMHSAS. These reports summarized the number of authorizations for BHRS in which Members had not begun receiving treatment over 50 days from the evaluation date. The information was used by the Committee to better understand what factors effect access and for the Counties to follow up as necessary with individual C/A who were waiting extended periods of time for services.

2) **Implementation of the Child and Adolescent Needs Summary**

   In 2013, CABHC along with PerformCare initiated the use of the Child and Adolescent Needs and Strengths (CANS) that is an evidenced based evaluation tool. Community Data Roundtable was engaged to develop a CABHC specific CANS to be used by all evaluators as a means to provide immediate decision support information regarding treatment recommendations. The use of the CANS tool was started as a pilot program with TW Ponessa, Philhaven and PA Counseling Service. The CANS process is intended to assist evaluators to ask relevant questions to attain the standards of a high quality biopsychosocial evaluation. Once a CANS is completed through a web-based interface, the evaluator receives analytic information about the CANS data. The information includes a list of active needs; a percentile score for all the major domains that include mental health need/problem presentation, functioning, risk, caregiver needs & strengths, and member strengths; a summary Severity Score; and a Service Match that runs against algorithms that match a Member's CANS profile to services in the available system of care, with a priority to first identify Evidence Based Programs (EBP). The utilization of the CANS is expected to lead to improved prescription and authorization concurrence and increased utilization of evidence-based programs.

   The CANS is now fully implemented by all PerformCare BHRS Best Practice evaluators. Monthly reports that analyzed CANS submissions and evaluator prescribing practices are shared with CABHC. In 2017, the BHRS provider network was engaged to begin implementing discharge CANS. In July 2017, two network BHRS providers began piloting the discharge plans. Trainings on the discharge CANS for BSCs and MTs in the network occurred in December 2017. All BSCs and MTs will complete discharge CANs at the completion of BHRS services beginning January 1, 2018.

   The CANS Stakeholder workgroup met throughout 2017 to review CANS outcomes, evaluator prescription practices, adherence to the algorithms and BHRS severity scores. During 2017, three new algorithms for Trauma Focused-Cognitive Behavioral Therapy, Dialectical Behavioral Therapy-Adolescents, and Contingency Management were added to the CANs as well.

3) BHRS Summit

In 2013, CABHC convened a group of stakeholders to discuss the delivery of BHR services and develop a set of actions that could be taken that would improve access, effectiveness and the enhanced utilization of evidence-based treatment. The result was the development of 13 initiatives, including improving the evaluation process through the implementation of CANS, development of alternative outpatient services, reviewing all BHRS service descriptions, and development of policies and guidelines that support the initiatives. PerformCare has the lead with implementing each initiative, and provides an update to the CABHC Clinical Committee on a monthly basis.

Over the course of three years, many of the original 13 initiatives were either implemented, discontinued, or combined with subsequent initiatives. In 2017, the workgroup agreed on implementing the following initiatives:

1. Establish ongoing PerformCare monitoring of Initial BHRS request/access, streamline/improve coordination of process with providers and increase Clinical Care Manager participation in ISPT meetings: *Implementation efforts began with the BHRS Pilot in October 2016 in Cumberland/Perry and Lebanon Counties. The BHRS Pilot targeted the BHRS processes leading up to a Medical Necessity Determination that were identified as contributing to delays in the initiation of timely BHRS services. Information on the progress of the Pilot was shared with CABHC and the Clinical Committee throughout implementation. In February 2017, the CABHC Clinical Committee discussed plans for PerformCare to implement the BHRS Pilot to the entire Collaborative. In June 2017, the BHRS Pilot was implemented in Dauphin and Lancaster Counties. PerformCare collected data on the pilot's performance and will present the final data to the Collaborative and OMHSAS in early 2018.*
2. Establish Clinic Based Integrated Therapy/MT model to allow for ongoing clinically driven flexibility for place of service: *The Flexible Outpatient Program was implemented in 2016 with four providers. The workgroup continued to meet to review progress and plan for full implementation with all interested providers. In CY 2017, 31 children/adolescents received services through the Flexible Outpatient program. Four new providers submitted program descriptions in order to begin Flexible Outpatient Therapy and were approved by the respective Counties. Technical Assistance training for the new providers was completed in May, 2017. The original pilot providers were notified of the opportunity to expand into additional Counties if they were interested and qualified. PerformCare and County representatives met with all expansion providers in order to provide technical assistance prior to their start date. All the providers expressed interest in Flexible Outpatient, and began implementation based on each eligible clinician's interest to offer flexible outpatient treatment.*
3. Establish collaborative methods for ongoing school engagement in BHRS when delivered in the school: *A BHRS Delivery in the Education System steering committee that consists of PerformCare, CABHC and County personnel met throughout 2017. PerformCare and the Counties met with different school*

districts to determine their needs and provide information regarding HealthChoices.

4. Functional Family Therapy (FFT) implementation as an Evidenced Based Program: *An evaluation of FFT and the potential pool of adolescents who would benefit from FFT was completed in 2016. In 2017, an RFP for FFT was presented to network providers. Three proposals were received. After a panel review, TrueNorth Wellness Services was awarded the contract to begin FFT. A FFT Implementation team was established and meetings were held monthly. TrueNorth Wellness anticipates accepting referrals for FFT in early 2018.*
5. Expand CRR-Intensive Treatment Program (ITP): *An efficacy study of CRR-Host Home and ITP was completed and the recommendation was made to expand CRR-ITP. PerformCare reached out to Community Service Group (CSG) to gauge their interest in implementing CRR-ITP. CSG agreed to consider implementing CRR-ITP and began developing a service description to submit for review. CSG submitted a draft service description to the Counties, PerformCare, and CABHC for review and feedback. A revised service description was submitted to PerformCare in October and additional feedback was provided to CSG. The service description from CSG is nearly complete and it is anticipated that they will begin developing services in 2018.*

Within the BHRS array of services, the services that primarily are considered to represent BHRS are Behavioral Specialist Consultant (BSC), Mobile Therapy (MT) and Therapeutic Staff Support (TSS). Behavioral Specialist Consultant is a master's level or PhD consultant who conducts assessments and observations in order to develop a behavior/treatment plan that addresses the behavioral health needs of the consumer. All BSCs who work with C/A with a member who has an autism spectrum diagnosis and is in need of ABA services are required to complete and pass trainings and submit qualification documentation to the Department of State to receive their Behavioral Specialist license, unless they held a license that was accepted by the State in order to practice as a licensed Behavior Specialist. Applied Behavior Analysis (ABA) is provided by clinicians who have met the training and certification requirements and is available to C/A with autism.

Table 5 highlights the number of C/A who received BHR service and the corresponding cost of those services for CYs 2016 and 2017. In CY 2017, the total number of C/A who received BHRS decreased 4.9% from CY 2016, and costs decreased 3.2%. The number of C/A and the cost of TSS and MT services decreased, and the number of C/A receiving BSC and corresponding costs increased. The number of C/A who received Autism ABA services increased by 115% and costs increased 2478%, reflecting the increased need for specialized ABA services.

Table 5: TSS, MT, BSC Utilization by County

		CY 2016		CY 2017	
County	**Service**	**Consumers**	**Dollars**	**Consumers**	**Dollars**
Cumberland	TSS	280	$2,359,753	272	$2,048,262
	MT	299	$450,335	246	$389,731
	BSC	133	$360,440	145	$429,862
	BSC Autism	290	$879,110	268	$755,262
	ABA Autism	112	$26,883	176	$258,343
Total		**603**	**$4,076,520**	**566**	**$3,881,460**
Dauphin	TSS	499	$3,637,068	474	$3,276,012
	MT	741	$1,428,307	572	$1,058,777
	BSC	420	$1,247,479	425	$1,227,667
	BSC Autism	292	$710,902	302	$578,716
	ABA Autism	120	$31,354	199	$441,061
Total		**1,188**	**$7,055,109**	**1,092**	**$6,582,232**
Lancaster	TSS	824	$8,127,438	812	$6,350,491
	MT	864	$1,441,904	757	$1,183,117
	BSC	610	$1,596,495	628	$1,770,260
	BSC Autism	761	$2,290,859	689	$1,489,785
	ABA Autism	216	$66,725	594	$2,610,069
Total		**1,763**	**$13,523,421**	**1,752**	**$13,403,722**
Lebanon	TSS	251	$2,021,956	229	$1,742,665
	MT	269	$369,827	258	$303,581
	BSC	204	$498,510	211	$469,588
	BSC Autism	222	$667,008	210	$474,383
	ABA Autism	81	$18,554	166	$431,654
Total		**543**	**$3,575,854**	**554**	**$3,421,871**
Perry	TSS	24	$159,587	22	$161,485
	MT	75	$96,937	46	$79,580
	BSC	25	$71,791	24	$93,821
	BSC Autism	33	$75,438	35	$87,598
	ABA Autism	3	$2,056	14	$12,372
Total		**103**	**$405,809**	**83**	**$434,857**
Grand Total	TSS	1,874	$16,305,801	1,802	$13,578,915
	MT	2,237	$3,787,309	1,875	$3,014,786
	BSC	1,386	$3,774,716	1,424	$3,991,197
	BSC Autism	1,593	$4,623,315	1,494	$3,385,744
	ABA Autism	532	$145,572	1,144	$3,753,499
	Grand Total	**4,178***	**$28,636,713**	**4,024***	**$27,724,142**

*Unduplicated count of C/A

CRR Host Homes (CRR-HH)
CRR-HH is a service provided by caregivers that are under contract with Providers to offer a therapeutic and stable home life for C/A who are unable to live in their natural home. PerformCare has closely managed the utilization of CRR-HH to assure each child or adolescent who meets criteria receives their prescribed treatment and Length of Stay (LOS) is monitored to reduce extended stays. The number of C/A who received this service (64) and total cost remained the same from 2016 to 2017. The average LOS increased 7% from 276 to 297 days.

CRR-HH-Intensive Treatment Program (ITP) is a comprehensive program licensed as a CRR-HH that utilizes caregivers who go through an extensive training program in order to be able to serve as mentors to the biological or adoptive parents by working to transfer a set of skills and family system structure that has been effective with the child in the host home to the natural home environment. The program also must provide enhanced treatment and therapy while the child/adolescent is in the home. In CY 2017, 18 C/A received CRR-ITP services which is the same as the number of C/A who received services in 2016. PerformCare worked with a second provider to bring into the network.

Summer Therapeutic Activity Program (STAP)
STAP is a six-week summer program that provides a range of age appropriate specialized therapies designed to aid in the development of interpersonal relationships, daily living, decision making, problem-solving and coping skills which requires appropriately qualified staff. These services are provided in a group setting for the purpose of furthering individualized therapeutic goals, as described in the individualized treatment plan. In 2017, there were two active STAP providers in the network who provided services to 172 children/adolescents, a 19% decrease from 2016.

Children/Adolescent Outpatient Services
In CY 2017, there was a 1.3% increase from CY 2016 in the number of C/A that utilized outpatient services that included clinics and Federally Qualified Health Centers (FQHC) (See Table 6). The utilization of (FQHC) increased 16% and costs increased 16.5%. Telepsychiatry, which is only delivered in a licensed MHOP Clinic, experienced an 8.3% decrease in the number of C/A who used the service. Total costs increased less than one percent from 2016 to 2017.

Table 6: Children/Adolescent Outpatient Service

	CY 2016		CY 2017	
Level of Care	**C/A**	**Dollars**	**C/A**	**Dollars**
OP Clinic	14,502	$12,124,405	14,500	$12,402,696
FQHC	405	$177,635	472	$206,570
Physician/Psychologist	1,835	$1,776,517	2,104	$1,593,231
Telepsychiatry	338	$176,704	310	$167,030
Total	**15,567**	**$14,255,261**	**15,768**	**$14,369,527**

Partial Hospitalization Service
Partial Hospitalization services are short term where C/A attend up to six hours per day, M-F. Treatment is focused on individual and group therapy, coping, anger management, stress management, relationship skills, self-esteem and problem solving. In 2017, the number of C/A who received partial hospitalization services increased 11% to 807 youth, which is primarily related to a new partial hospitalization service that opened in Lancaster.

Family Based Mental Health Services (FBHMS)
FBMHS is an intensive community-based service that is authorized for an initial 180 days and utilizes a two-person therapist team to address the behavioral health needs of the C/A and provide parenting skills to the family. The team is on-call 24 hours a day in order to meet the needs of the family. The utilization of FBMHS has been closely monitored by CABHC and PerformCare. In CY 2017, the number of C/A in FBMH increased 3% from CY2016. Lebanon County had the largest increase in the number of C/A who utilized FBMH at 14.5% and Cumberland County had a 14.4% decrease in utilization.

Table 7: Family Based Mental Health Services

	CY 2016		CY 2017	
County	**C/A**	**Dollars**	**C/A**	**Dollars**
Cumberland	216	$2,600,520	185	$2,000,026
Dauphin	250	$3,135,063	275	$3,784,041
Lancaster	458	$5,116,935	463	$5,574,269
Lebanon	179	$2,121,356	205	$2,666,458
Perry	55	$711,345	60	$749,075
Total	**1,150**	**$13,685,219**	**1,184**	**$14,773,869**

Residential Treatment Facility (RTF)
Residential Treatment Facilities provide services for children/adolescents with serious mental, emotional and/or behavioral problems who require the coordinated, intensive and comprehensive treatment available from a multi-disciplinary team within a structured, residential setting. The service is provided in an unlocked, safe environment for the delivery of psychiatric treatment and care within a 24/7 treatment facility.

There were 20 facilities who served 226 children/adolescents in 2017. The number of C/A who utilized RTFs decreased 12% in 2017 and the costs for the services decreased 7% (see Table 8). Lebanon and Perry counties had slight increases in the number of C/A who utilized an RTF in 2017. Dauphin County had the largest decrease (23%) in RTF utilization. The average length of stay increased 25% with Lancaster County experiencing the largest increase at 45%.

Table 8: Residential Treatment Facilities

	CY 2016				CY 2017			
County	**C/A**	**LOS**	**Cost/Episode**	**Dollars**	**C/A**	**LOS**	**Cost/Episode**	**Dollars**
Cumberland	35	389	$ 109,039	$ 1,964,359	31	445	$ 158,449	$ 2,260,725
Dauphin	53	317	$ 96,938	$ 3,274,301	41	340	$ 125,077	$ 2,871,118
Lancaster	122	319	$ 106,105	$ 8,504,435	104	463	$ 103,022	$ 6,973,241
Lebanon	44	323	$ 91,241	$ 2,646,690	45	405	$ 105,492	$ 2,881,229
Perry	4	593	$ 169,257	$ 268,688	7	255	$ 66,420	$ 427,153
Total	**258**	**335**	**$ 103,415**	**$ 16,658,473**	**226**	**419**	**$ 113,683**	**$ 15,413,466**

Children/Adolescents Inpatient Psychiatric Hospital Services

Inpatient hospitalization provides a secure setting for the delivery of acute care for the purpose of stabilizing the presenting mental illness and behaviors. The service seeks to establish within the child the self-control and/or capacity for constructive expression and more adaptive interpersonal skills necessary to continue treatment in a more natural and less restrictive setting. Inpatient hospitalization also introduces the youth to the use of medication and/or makes adjustments to existing medications in a safe setting.

In 2017, CABHC utilized a network of 21 providers to meet the acute psychiatric needs of 824 children/adolescents. Table 9 provides information on the number of consumers, LOS and cost of services for calendar years 2016 and 2017. The number of children/adolescents who utilized Inpatient Psych Hospitalization services decreased 5% from 2016 to 2017, LOS increased 3% and costs increased 2%.

Table 9: Inpatient Psych Hospital

	CY 2016			CY 2017		
County	**C/A**	**LOS**	**Dollars**	**C/A**	**LOS**	**Dollars**
Cumberland	133	14.1	$1,577,049	126	16.7	$2,159,808
Dauphin	240	16.5	$3,852,894	193	20.0	$3,484,414
Lancaster	343	16.2	$4,558,336	306	16.3	$4,479,626
Lebanon	118	18.3	$1,799,968	151	14.7	$1,782,504
Perry	39	19.7	$602,608	51	16.3	$724,802
Total	**869**	**16.4**	**$12,390,855**	**824**	**17.0**	**$12,631,154**

ADULT MENTAL HEALTH SERVICES

CABHC is committed to developing and maintaining the highest quality services to support individuals with mental illness and substance abuse disorder in their recovery. This requires working collaboratively with all our partners that include the Counties, PerformCare, persons in recovery and families, providers, OMHSAS and other stakeholders. Services for adults follow the Community Support Program and Recovery principles that guide providers and individuals in developing treatment plans and strategies that address each person's mental illness.

In 2017, 25,579 adults, eighteen years of age and above, accessed one or more Mental Health (MH) services. This represents a 16.8% penetration rate (the percentage of adult Members that accessed at least one MH service in the calendar year). The majority of adults utilized a community based service such as an outpatient clinic.

Adult services were provided by a network of 454 providers, many who are individual practitioners. Services follow a continuum of least intrusive such as Targeted Case Management, Peer Support Services, Outpatient, Mobile Psych Nursing and Partial Hospitalization. Individuals with more acute needs have access to Assertive Community Treatment services and when necessary, Inpatient services including Extended Acute Care.

Crisis Intervention Services

Crisis Intervention Services (CIS) is provided directly by Dauphin and Lancaster Counties, or through contractual arrangements with providers in Cumberland, Lebanon and Perry Counties. CIS is an immediate support to a person either by phone, in person (Mobile) or at an emergency department, who may be experiencing one or more symptoms that is interfering with their behavioral health stability. CIS workers help to link adults in crisis to services as necessary that will provide the most appropriate, least restrictive support or treatment. Table 10 provides data on the number of adults and corresponding cost of CIS by County. In 2017, there was a 2.8% decrease in the number of adults who accessed CIS and a 15% decrease in costs. Dauphin and Perry counties each experienced an increase in utilization. CIS is funded through an Alternative Payment Arrangement (APA) which is a retention model.

Table 10: Crisis Intervention Services

	CY 2016		CY 2017	
County	**Adults**	**Dollars**	**Adults**	**Dollars**
Cumberland	601	$232,239	574	$219,507
Dauphin	1,027	$346,140	1,087	$377,644
Lancaster	999	$579,835	899	$337,381
Lebanon	408	$136,539	378	$162,017
Perry	103	$41,067	116	$38,953
Total	**3,119**	**$1,335,821**	**3,031**	**$1,135,503**

Targeted Case Management

Targeted Case Management (TCM) is a service that is comprised of Intensive Case Management (ICM), Blended Case Management (BCM and Resource Coordination (RC). Table 11 highlights the utilization of TCM throughout the territory for calendar years 2016 and 2017. Of the 25,579 adults who utilized a mental health service in 2017, 11% accessed a form of TCM. The total number of adults who accessed TCM decreased 3.8%, LOS increased 12.5% and the cost of services decreased 10.6%.

Table 11: Targeted Case Management

		CY 2016			CY 2017		
County	**Service**	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	ICM	138	317	$488,140	142	389	$428,514
	BCM	19	74	$17,595	16	99	$17,479
	RC	145	63	$310,591	159	86	$314,458
Total		**288**	**125**	**$816,326**	**302**	**178**	**$760,452**
Dauphin	ICM	206	249	$642,026	193	194	$515,881
	BCM	1,377	101	$3,361,447	1,299	110	$2,745,921
	RC	4	14	$1,385	3	39	$826
Total		**1,575**	**113**	**$4,004,857**	**1,489**	**121**	**$3,262,627**
Lancaster	ICM	318	186	$897,455	283	251	$839,821
	BCM	234	134	$708,897	238	128	$703,437
	RC	281	70	$366,289	268	60	$401,632
Total		**792**	**113**	**$1,972,641**	**744**	**120**	**$1,944,890**
Lebanon	ICM	64	314	$200,695	70	412	$218,459
	BCM	5	200	$6,057	4	89	$5,034
	RC	165	95	$276,359	163	89	$297,326
Total		**230**	**111**	**$483,111**	**232**	**122**	**$520,819**
Perry	ICM	18	153	$54,754	23	143	$70,275
	BCM				3	23	$1,642
	RC	26	51	$37,436	18	79	$25,996
Total		**37**	**85**	**$92,190**	**40**	**102**	**$97,912**
All Counties	ICM	739	229	$2,283,070	703	265	$2,072,950
	BCM	1,617	106	$4,093,995	1,549	113	$3,473,512
	RC	619	74	$992,061	608	74	$1,040,237
Grand Total		**2,893**	**113**	**$7,369,125**	**2,782**	**127**	**$6,586,700**

Outpatient Services

Outpatient treatment is an ambulatory service in which the adult participates in regularly scheduled treatment sessions. Across the Counties adult Outpatient services include individual, group and family therapy, evaluations, medication checks and specialized assessments. Services were provided in one of 61 outpatient clinics, or by individual practitioners.

In 2017, there was a 2.9% increase from 2016 in the number of adults who accessed outpatient services (see Table 12). Females made up 61% of the population of people who utilized Outpatient services. The utilization of MHOP in a Federally Qualified Health Center (FQHC) increased 5.7%. The utilization of Telepsychiatry, which is always delivered in a licensed MHOP clinic, experienced a 48.6% increase in the number of adults who accessed the service.

Table 12: Outpatient Services

		CY 2016		CY 2017	
Service	**Gender**	**Adults**	**Dollars**	**Adults**	**Dollars**
MHOP	Female	11,294	$9,101,727	11,794	$9,790,798
	Male	7,168	$5,284,180	7,550	$5,616,231
Total		**18,462**	**$14,385,908**	**19,346**	**$15,407,029**
FQHC	Female	884	$307,075	930	$321,957
	Male	397	$148,961	424	$155,934
Total		**1,281**	**$456,036**	**1,354**	**$477,891**
Physician/Psychologist	Female	2,780	$1,307,781	2,615	$1,266,425
	Male	1,856	$774,864	1,671	$892,075
Total		**4,636**	**$2,082,645**	**4,286**	**$2,158,500**
Telepsychiatry	Female	251	$137,176	364	$219,558
	Male	130	$70,108	202	$101,680
Total		**381**	**$207,284**	**566**	**$321,238**
Grand Total		**22,035**	**$17,131,873**	**22,682**	**$18,364,658**

Mobile Psych Nursing

Mobile Psychiatric Nursing Services (MPN), which is a supplemental service, provides ongoing psychiatric assessment, medication management, and clinical support by qualified registered nurses with psychiatric training in the home or community settings. It is expected that the use of MPN services will offset the use of more restrictive and costly services such as IP Psychiatric services by diverting persons who might have been admitted/readmitted or stepped down sooner from an inpatient psychiatric placement. A study of MPN completed by CABHC in 2017 concluded that people used less acute services and more ambulatory services while they were engaged with MPN.

MPN is provided by two organizations; Behavioral Healthcare Corporation(BHC) and Northwestern Human Services(NHS). The majority of BHCs service is provided in Lancaster County and NHS primarily serves individuals in Dauphin County. The information in Table 13 shows that utilization of MPN grew 4% in 2017.

Table 13: Mobile Psychiatric Nursing

	2016				2017			
County	**BHC**	**NHS**	**Total**	**Dollars**	**BHC**	**NHS**	**Total**	**Dollars**
Cumberland	8	8	16	$39,784	10	7	17	$62,541
Dauphin	25	75	100	$289,668	23	72	95	$286,037
Lancaster	175		175	$610,682	191		191	$633,906
Lebanon	20		20	$53,677	17		17	$51,804
Perry	5		5	$10,939	4	1	5	$16,236
Total	**231**	**83**	**314**	**$1,004,750**	**245**	**80**	**325**	**$1,050,525**

Peer Support Services:

Peer Support Services (PSS) are specialized therapeutic interactions for individuals 18 years of age or older that are conducted by self-identified current or former recipients of behavioral health services who are trained and certified to offer support and assistance in helping others in their recovery and community-integration process through the development of recovery plans . The service is designed to promote empowerment, self-determination, understanding, coping skills and resilience through mentoring and service coordination supports that allow individuals with severe and persistent mental illness and co-occurring disorders to achieve personal wellness.

In 2017, CABHC Members had access to five different providers who offer Peer Support Services. The number of individuals who used Peer Support Services in 2017 remained almost the same as 2016 while costs decreased 1.1%. The average LOS increased 8.1% which indicates that individuals are staying engaged in the service for a longer period of time (see Table 14).

Table 14: Peer Support Services

	CY 2016			CY 2017		
County	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	29	105	$44,271	40	114	$50,726
Dauphin	107	91	$211,403	98	132	$193,372
Lancaster	208	181	$625,925	196	172	$666,668
Lebanon	53	161	$157,907	57	192	$114,444
Perry	3	134	$3,642	5	81	$6,399
Total	**398**	**140**	**$1,043,147**	**395**	**153**	**$1,031,609**

Assertive Community Treatment (ACT)

ACT is a service delivery model for providing comprehensive, community-based treatment to persons with serious mental illness. It is a self-contained mental health program made up of multidisciplinary mental health professionals who work as a team to provide the majority of treatment, rehabilitation, and support services individuals need to achieve their goals.

CABHC has a relationship with two different providers who each support ACT teams. Northwestern Human Services (NHS) has the largest team in Dauphin County called NHS Capital that supported an average of 90 people. The NHS Stevens Community Treatment Team

(CTT) program was approved by OMHSAS to operate as a modified ACT program due to the difficulty in maintaining a daily census in line with ACT fidelity standards. The NHS Stevens CTT program supported an average of 32 individuals in Cumberland and Perry County. They continue to follow the majority of TMACT fidelity standards in operating the program, with the only difference being the staffing requirements. The Philhaven Lancaster team supported an average of 51 individuals and the Philhaven Lebanon team supported an average of 44 people. Bi-annually the ACT teams report outcome data to CABHC for analysis and consolidation so that it can be shared with all the ACT teams. Table 15 is the final CY 2017 ACT outcome data. The table includes the goals that have been established for each outcome which indicates that the ACT teams are doing well with community involvement; however, they are struggling to assist individuals in acquiring competitive employment and meeting readmission targets established by CABHC. CABHC will continue to provide resources to the teams that can be used to enhance their knowledge and skills.

Table 15: ACT Outcomes

	Goals established by CABHC for each Outcome					
	70 % Adults meeting employment goal	**90% of Adults meet community activity goal**	**85% of Adults maintain stable housing**	**90% of discharges will have no readmissions**	**95% of readmissions will have LOS<12 days**	**90% will have no legal involvement**
NHS Cap	10%	98.5%	99.5%	32.5%	21%	95.5%
NHS Stevens	14.5%	100%	100%	62.5%	25%	98.5%
Philhaven-Lanc	14%	100%	95.5%	30%	65%	100%
Philhaven-Leb.	10.5%	99%	90.5%	22.5%	60.5%	93%
Average	**12.3%**	**99%**	**96.4%**	**36.9%**	**42.9%**	**96.8%**

Partial Hospitalization Program

Adult partial hospitalization is a program designed for the treatment of adults with acute psychiatric illness who require a more intensive and supervised treatment program than that which is afforded by various types of outpatient programs. The goal of partial hospitalization is to increase the level of functioning while reducing the need for more acute services such as inpatient. In 2017, the number of adults accessing PHP services increased 7.1% and costs increased 1.1%. There was a decrease in the average Length of Service (LOS) of 20.6% (see Table 16).

Table 16: Partial Hospitalization Program

	CY 2016			CY 2017		
County	**Adults**	**LOS**	**Dollars**	**Adults**	**LOS**	**Dollars**
Cumberland	110	108	$297,863	107	95	$345,773
Dauphin	241	150	$1,013,993	251	119	$1,056,915
Lancaster	225	63	$569,005	244	61	$542,385
Lebanon	91	68	$285,197	108	56	$250,695
Perry	21	138	$76,426	25	94	$72,552
Total	**682**	**102**	**$2,242,484**	**734**	**85**	**$2,268,320**

Inpatient Services

In 2017, 2,462 adults utilized Inpatient Psychiatric services. Based on the total number of adults who utilized a mental health service (25,579), 9.6% were admitted into an inpatient unit. Forty-three providers were utilized in 2017 which is up from the 39 providers that were utilized in 2016.

Between 2016 and 2017 there was an 8.5% decrease in the utilization of IP services and a 1.4% decrease in cost (see Table 17). The total number of males that accessed services is slightly larger than females. Lebanon County is the only County that experienced an increase in utilization. Dauphin County accounted for the highest cost of IP services however, this is primarily related to the utilization of PA Psychiatric Institute, which has one of the highest unit costs among the high-volume providers in the network.

Table 17: Adult IP Services

		CY 2016		CY 2017	
County	**Gender**	**Adults**	**Dollars**	**Adults**	**Dollars**
Cumberland	Female	179	$1,679,310	168	$1,570,353
	Male	154	$1,273,018	142	$1,441,405
Total		**333**	**$2,952,328**	**310**	**$3,011,757**
Dauphin	Female	448	$4,771,632	385	$5,088,260
	Male	494	$7,176,014	464	$6,433,041
Total		**942**	**$11,947,646**	**849**	**$11,521,301**
Lancaster	Female	525	$4,002,835	444	$3,233,911
	Male	530	$4,018,146	475	$4,361,166
Total		**1,055**	**$8,020,981**	**919**	**$7,595,078**
Lebanon	Female	141	$1,172,495	182	$1,508,044
	Male	168	$1,970,409	159	$1,783,420
Total		**309**	**$3,142,904**	**341**	**$3,291,464**
Perry	Female	38	$342,261	38	$476,202
	Male	31	$180,313	28	$318,426
Total		**69**	**$522,574**	**66**	**$794,628**
Grand Total	Female	1,325	$11,968,533	1,209	$11,876,770
	Male	1,367	$14,617,900	1,253	$14,337,458
	Total	**2,692**	**$26,586,433**	**2,462**	**$26,214,228**

DRUG AND ALCOHOL SERVICES

Drug and Alcohol (D&A) services are provided to children/adolescents and adults through an array of treatment options that include Outpatient, Intensive Outpatient, Hospital and Non-Hospital Detox and Rehabilitation, Halfway Houses, Partial Hospitalization, the administration of Methadone and the Buprenorphine Coordination program. In many instances, individuals also have a co-occurring diagnosis as evidenced by 335 children/adolescents who accessed both a mental health and a D&A service and 7,193 adults who accessed both services. From 2016 to 2017 there was a 15.2% decrease in the number of C/A who utilized a D&A service along with a 1.5% decrease in costs (see Table 18). The number of adults who accessed a HealthChoices D&A service in 2017 increased 7% from 2016 and expenses increased 14% (see Table 19).

Table 18: Children/Adolescent D&A Services

	CY 2016		CY 2017		Change	
Service	**C/A**	**Dollars**	**C/A**	**Dollars**	**C/A**	**Dollars**
NH Detox	1	$1,125	4	$4,545	300.0%	304.0%
NH Rehab-Short Term	53	$292,052	20	$93,099	-62.3%	-68.1%
NH Rehab-Long Term	69	$1,236,331	88	$1,471,315	27.5%	19.0%
OP D&A Clinic	378	$187,485	299	$135,451	-20.9%	-27.8%
OP D&A Supplemental	38	$2,638	4	$271	-89.5%	-89.7%
D&A IOP	65	$69,890	56	$51,925	-13.8%	-25.7%
D&A Other Supplemental	30	$9,234	63	$14,462	110.0%	56.6%
Total	**468**	**$1,798,756**	**397**	**$1,771,067**	**-15.2%**	**-1.5%**

Table 19: Adult D&A Services

	CY2016		CY2017		Change	
Service	Adults	Dollars	Adults	Dollars	Adults	Dollars
Detox-General Hospital	91	$269,951	0*	0*	-100%	-100%
IP Detox D&A Unit	46	$109,782	127	$432,168	176%	294%
IP D&A Rehab - General Hosp	30	$327,013	0*	0*	-100%	-100%
IP Rehab D&A Unit	11	$87,200	48	$387,160	336%	344%
NH-Detox	1,443	$1,778,708	1,475	$2,089,706	2%	17%
NH Residential Rehab-Short Term	2,159	$10,395,550	2,278	$11,627,859	6%	12%
NH Residential Rehab-Long Term	791	$7,264,756	856	$8,170,295	8%	12%
NH Halfway House	417	$2,599,032	438	$2,914,598	5%	12%
OP D&A Clinic	6,592	$4,005,657	7,359	$4,695,023	12%	17%
Methadone Maintenance	1,837	$5,899,146	2,006	$6,619,701	9%	12%
OP D&A Supplemental	426	$43,022	924	$136,422	117%	217%
D&A Partial Hospitalization	149	$364,101	253	$575,577	70%	58%
D&A - IOP	1,130	$993,354	1,258	$1,264,505	11%	27%
Buprenorphine Coordination	520	$610,708	451	$656,096	-13%	7%
Total	**9,389**	**$34,747,979**	**10,040**	**$39,569,109**	**7%**	**14%**

*Due to changes in coding, General Hospital appears under IP Detox and IP Rehab for 2017

Non-Hospital Detox (NH Detox)

Once a person becomes dependent on the presence of a substance, adjusting to the lack of that substance can be extremely difficult and uncomfortable. The process of withdrawal can be so uncomfortable that, in many cases, it can be the predominant reason that individuals return to using their substances of choice. Detox is primarily a medically monitored process to keep a person safe and comfortable as they rid themselves of harmful substances that takes place before a person engages in other types of treatment. In 2017, there were three more C/A that accessed a detox service. There was a 2% increase in the number of adults who accessed NH Detox.

Non-Hospital Residential Rehabilitation (NH Rehab)
NH Rehab is an intensive level of treatment that provides adults and adolescents with short and long term comprehensive support to overcome chemical dependency and certain co-occurring conditions. NH Rehab includes round-the-clock supervision, structured schedules, a range of treatment opportunities provided by experienced professionals that includes individual, group and family therapy, medication management and discharge plans for continuing treatment post discharge. C/A and adults received services from 36 different facilities in 2017. White Deer Run served the largest number of adults (848) and Pyramid HealthCare Inc. provided services to the largest number of adolescents (34). When short and long-term NH Rehab is combined, there was an 11.5% decrease in the utilization of NH Rehab by C/A, and a 6.2% increase in adult utilization.

Non-Hospital Halfway House (NH-HH)
Individuals who complete treatment in a NH Rehab may not always be prepared to make an immediate successful transition out of 24/7 treatment. NH-HH provides additional assistance to support people who are in early recovery from substance abuse and chemical dependency and will benefit from structured residential step-down treatment. NH-HH includes individual, group and family therapy and connections to post discharge supports. The average length of stay for adults in 2017 was 66 days. The utilization of NH-HH increased 5% from 2016.

Drug and Alcohol Outpatient (D&A OP)
D&A OP services are provided in the community to help a person with a Substance Abuse Disorder (SUD). Services include assessment, individual and/or group therapy, and psycho/educational programs. Individuals in outpatient treatment participate in group therapy sessions once or twice every week, and individual sessions when indicated. The groups which are led by experienced counselors address a range of topics, and the specific content in any one group is influenced by the contributions of participants. Children and adolescent utilization decreased 21% and costs decreased 28%, while adult utilization increased 12% and costs increased 17%. There are more individuals who utilize D&A OP services than any other D&A service.

D&A Intensive Outpatient (IOP)
D&A IOP participants typically complete nine hours of therapy per week, typically three-hour sessions spread across three days. As is the case with D&A OP, programs may offer IOP sessions at a variety of times, such as mornings and evenings, so that individuals can receive treatment while still meeting essential work, school, personal, or other responsibilities. Individual and family therapy sessions may be scheduled on an as-needed basis, but the core of IOP is an intensive curriculum that is addressed via group therapy sessions. In 2017, there was a 14% decrease in the number of C/A who received IOP with a corresponding 25.7% decrease in costs. Adults had an 11% increase in utilization and experienced a 27% increase in costs.

Partial Hospitalization Program (PHP)
PHP is an approved supplemental service which offers an intensive D&A treatment where participants attend therapy sessions six hours per day, four days a week, for a total of 24 hours each week. Group therapy is the primary treatment however, unlike OP and IOP, which provide individual therapy only on an as-needed basis, the PHP schedule includes individual therapy

sessions each week. The PHP must also make available psychiatric services if determined to be clinically appropriate. Family therapy sessions may be scheduled on an as-needed basis. In 2017, there were 253 adults who utilized PHP services, which increased 70% from 2016.

Methadone Maintenance
Consumers that have an Opioid addiction have access to Methadone which is delivered in a licensed clinic. Methadone services were available through eight providers in 2017. The data in Table 19 indicates a 9% increase in the number of adults who accessed Methadone treatment.

Buprenorphine Coordination Program
For those Members that are being treated with Suboxone (Buprenorphine) that is prescribed by a certified physician, they can receive support through the Buprenorphine Coordination Program, a CABHC developed Medicaid supplemental service. The Program is administered by the RASE Project through participating physician groups. The data in Table 19 indicates a decrease of 13% in the number of adults who accessed the Program. In 2017, the CABHC sponsored Vivitrol reinvestment program that is also administered by the RASE Project, was transferred to a Medicaid supplemental service. The Vivitrol program operates similarly to the Buprenorphine Coordination Program. Data will be available in 2018.

Additional D&A activities will be reviewed under the Reinvestment Section.

PROVIDER NETWORK

The Provider Relations Committee (PRC) is responsible for monitoring PerformCare's Provider Network to assure HealthChoices access standards are being met and specialty needs are extended to Members. In addition to the overall monitoring of the Provider Network, the Committee performs the following functions:

- Reviews the Routine Service Access Management reports on a bi-monthly basis. Results are compared to the standards and benchmarks the PRC has developed for each level of care. When necessary, PerformCare is asked to complete a Corrective Action Plan for the level of care when it is determined access standards are consistently not met.
- Develops, distributes and analyzes a Provider satisfaction survey.
- Reviews and monitors Provider Profiling reports prepared by PerformCare and Credentialing Committee activities, which includes the review of Providers who are currently on Corrective Action Plans and Quality Improvement Plans.
- Reviews and approves the Complaint and Grievance audits prepared by the Quality Assurance Specialist prior to their presentation to PerformCare.

Provider Capacity
At the end of 2017, there were a total of 670 In-Network Providers for the CABHC contract. During the course of 2017 there were 66 individual practitioners who joined the network, 18 of which were new psychiatrists. Five new facilities and nine professional groups also joined the network. Throughout the year, there were a total of 52 Providers terminated from the Network. All but one of the providers who were terminated from the network were voluntary; either the

provider requested the termination or the provider failed to respond to requests for re-credentialing. There was one provider who was declined by the Credentialing Committee in 2017. The provider was seeking a facility re-credentialing request. First and Second level appeals were filed, and the Credentialing Committee's decision was upheld at the First Level Appeal. The Second Level Appeal is pending panel review.

The number of Providers and the variety of services offered are similar throughout each of the Counties. The exception to this is Perry County, where due to population and the rural nature of the County, there is a smaller number of Providers offering services. It should be noted that Perry County Members are served by Providers from Cumberland County as well. The three levels of care with the highest number of Providers are Mental Health Outpatient, followed by Mental Health Inpatient, and Substance Abuse Outpatient Services.

Provider Satisfaction Survey

The CABHC Provider Satisfaction Survey is distributed to providers in order to determine the level of provider satisfaction with PerformCare and the HealthChoices program, and to identify areas of strength and opportunities for improvement. In May of 2017, the Provider Relations Committee requested a formal written response from PerformCare regarding the 2016 Provider Satisfaction Survey. The committee asked that PerformCare submit a plan to address the concerns with Care Managers which was identified in the survey. PerformCare submitted their written plan to address the Care Manager concerns in June of 2017.

The 2017 Provider Satisfaction Survey was distributed in October 2017 to 288 network Providers via email and regular mail that resulted in a 30% response rate, which is an increase from the 26% response rate in 2016. As with past surveys, the survey could be completed using the web-based survey program QuestionPro, or by completing the paper version of the survey and returning it to CABHC.

Overall, the average total score for the survey of 3.80 remained the same from 2016 to 2017. There were three sections in the survey that increased in scoring from 2016 to 2017; Grievances, Care Management, and Provider Meetings and Trainings. Provider Relations and Clinical Care Management were the two highest scoring sections, both scoring 4.0. In addition to the increased scores from 2016, Providers included many positive comments about PerformCare and their various departments which included the Communication section of the survey, as well as in the Provider Relations section.

Four sections decreased in scoring; Claims Processing, Administrative Appeals, Credentialing and Re-credentialing, and Treatment Record Reviews. The lowest scoring section was Treatment Record Reviews that scored 3.4.

Service Access Standards

The OMHSAS Program Standards and Requirements require that the following access requirements are to be met or an access waiver must be requested:

- Ambulatory services – two providers within 30 minutes travel time (urban counties); 60 minutes travel time (rural counties)

- Inpatient and residential services – two providers, one of which must be within 30 minutes travel time (urban counties); 60 minutes travel time (rural counties)

On an annual basis, PerformCare completes a GeoAccess analysis to determine if access requirements have been met for all service categories. CABHC requested and received two in-plan service access exceptions from OMHSAS for the 2017/2018 fiscal year that included:

- Hospital-based Drug and Alcohol Detoxification (Adult and Child/Adolescent): Access standard of distance for all five Counties.
- Hospital-based Drug and Alcohol Rehabilitation (Adult and Child/Adolescent): Access standard of distance for all five Counties.

Routine Access Service Monitoring
The OMHSAS Program Standards and Requirements require that routine access services are provided within seven days of request. The routine access dashboard is reviewed by the Provider Relations Committee at their bi-monthly meetings. In 2016 the PRC required PerformCare to complete a Root Cause Analysis (RCA) for the poor performance of Peer Support Services in meeting the established access benchmark. The RCA workgroup finished developing action steps in early 2017 that were implemented by the Peer Support providers. The access for Peer Support Services improved and the PRC confirmed that the RCA was completed.

In 2017, the Provider Relations Committee also observed that Family Based Mental Health Services (FBMHS) was not meeting the access benchmark developed for the service. The PRC required PerformCare to complete a RCA to identify and address barriers which contributed to limited access for FBMHS. The RCA workgroup identified barriers and developed action steps that were implemented to improve access. After the action steps were implemented, it was determined that access had improved, and the PRC considered that the RCA was complete.

Provider Profiling
CABHC, through the PRC, monitored the progress of PerformCare in producing and distributing Provider Profiling reports. The Provider Profiling reports are meant to be used to make meaningful comparisons on 11 levels of care based on a varied data set including claims data, authorization data, quality reports, complaints, Consumer/Family Satisfaction Team reports and demographic information. There was significant progress made by PerformCare in 2017 in producing and distributing Provider Profiling reports. PerformCare developed the metrics for each report and solicited feedback from all key Stakeholders, to include Primary Contractors, Members and Providers. Feedback was incorporated and the metrics for each report were finalized. These reports were: BHRS, Community Based Services, Mental Health Inpatient Services, Mental Health Outpatient Services, and Substance Use Services. The reports are completed twice per year and include a mid-year and final annual report. The mid-year reports that were prepared and presented were Family Based Mental Health and Partial Hospitalization services. The final annual Provider Profiling reports will be distributed in January 2018 and will contain data for the entire 2017 fiscal year.

Provider Performance
Treatment Record Reviews (TRRs) are conducted by PerformCare on Providers in-sync with their credentialing cycle, which is every three years. They can also occur more frequently if quality of care concerns are brought to the attention of CABHC or PerformCare. PerformCare utilizes the results of TRRs as a tool to ensure compliance with all applicable HealthChoices regulations and PerformCare policies. If a Provider scores below the benchmark, follow-up TRR's will be completed on a yearly basis until they score above the benchmark.

The benchmark for Providers in 2017 was 80% for all levels of care. Providers that scored below 80% are required to submit a Quality Improvement Plan (QIP). In the 2017 review cycle, 26 TRRs were conducted either on site or were desk reviews. There were 6 TRRs that resulted in the need for a QIP that included quarterly collaboration between PerformCare and the provider to assess progress on the QIP.

CONSUMER/FAMILY FOCUS COMMITTEE

CABHC values and encourages the participation of Members in the oversight of HealthChoices, and supports their involvement in all CABHC Committees, Board Meetings, and Workgroups. The Consumer Family Focus Committee (CFFC) is the center of this principle and operates as the main venue to increasing and ensuring Member participation.

In 2017, CABHC facilitated the following presentations for the CFFC: Barry Sloane provided information about the Teenline Student Assistance Program at Geisinger-Holy Spirit Hospital, Kristin Varner and Sandy Paradis from the RASE Project discussed Certified Recovery Specialists and Dr. Sarah Kawasaki, MD spoke about Medication Assisted Treatment and the Hub and Spoke, opioid outpatient treatment program at the Pennsylvania Psychiatric Institute.

County-wide Training
In December 2017, CABHC sponsored a training seminar on Evidence Based Therapy options and invited HealthChoices Members, Certified Peer Support Specialists and Targeted Case Managers within the five-county collaborative to attend. The training was presented by Dr. Jessica Umbrell, a licensed psychologist advisor at PerformCare who has experience in working with children and families in providing, advising, consulting, and supervising evidence-based mental health services. Participants learned about different types of evidence-based therapy options, how to access them, trauma treatment and evidence-based practices for suicide prevention. Feedback on the training was very positive.

PEER SUPPORT SERVICES STEERING COMMITTEE

The Peer Support Services Steering Committee (PSSSC), which is supported by CABHC, provides a forum for Certified Peer Supports (CPS), Peer Support Service (PSS) Providers, the Counties, CABHC and PerformCare to assess the program and develop ways to improve the delivery of PSS.

In 2017, the committee postponed the regularly scheduled meetings in order for a workgroup to focus on the inclusion of Youth and Young Adult Peer Support Services that was outlined in the revised Peer Support Services (PSS) bulletin. The workgroup, which consists of the Counties, CABHC, PerformCare and Providers met on a regular basis to examine how to comply with the Bulletin and provide a guide that expands PSS to include youth and young adults. The group created a list of potential challenges to implementing youth Peer Support Services and worked on identifying and developing best practices for addressing each topic. After the final best practice document is created, it will be submitted to OMHSAS for review. The workgroup acknowledges that although providing Peer Support Services to transitional age youth will be challenging, the focus is to make youth Peer Support Services a positive addition for HealthChoices Members.

Maintain CPS Capacity

CABHC continues to respond to people who are requesting financial assistance to complete the Peer Specialist certification training to become a Certified Peer Specialist. In CY 2017, CABHC provided assistance to 11 individuals who completed the CPS training. There was no activity related to CPS supervisor training.

PHYSICAL HEALTH/BEHAVIORAL HEALTH (PH/BH) INTEGRATION

CABHC supports the integration of physical health and behavioral health care that will improve the overall quality of Member's lives. By improving collaboration and integration, we would expect enhanced improvements of physical well-being and overall recovery of Members. CABHC and PerformCare, along with the Counties have actively participated and supported the development of projects that achieve this objective. In collaboration with the Clinical Committee, a PH/BH Workgroup comprised of the Counties, CABHC, Consumers and PerformCare collaborated to develop projects to improve the integration of Physical and Behavioral Health systems of care. The following PH/BH integration projects were accomplished in 2017.

Member Wellness Initiatives

PerformCare maintains a section on their website of educational materials and self-management tools that are available to assist Members in their recovery. New documents were added throughout the year with a focus on building the diagnosis section. New articles on children with ADHD, social anxiety, schizophrenia, bipolar disorder, obsessive compulsive disorder and post-traumatic stress disorder were posted. A decision was also made to make the look of the Self-Management Tools section more appealing and Member friendly. The landing page was updated to place articles in sections and pictures were added to improve the viewer experience.

Pay for Performance
In 2015, the DHS approached all Physical Health and Behavioral Health MCOs on a pay for performance project. CABHC, in collaboration with PerformCare, began discussions concerning a Pay for Performance program involving integrated care with PH-MCOs. This program focuses on the stratification and identification of high risk members to achieve the following five goals:

- Improved initiation and engagement of alcohol and other drug dependence treatment
- Improved adherence to antipsychotic medication for individuals with schizophrenia
- Decreased combined BH-PH IP 30-day readmission rates for individuals with SPMI
- Decreased emergency department utilization for individuals with SPMI
- Decreased combined BH-PH IP admission utilization for individuals with SPMI

PerformCare successfully completed all contract negotiations with the five PH-MCOs in 2017 and developed 732 Integrated Care Plans (ICPs) for shared members. PerformCare also expanded the program to include case rounds with the PH-MCOs in an effort to meet the programs five goals. Despite these achievements and efforts, Lancaster was the only county that qualified for any incentive based on meeting one of the goals.

Federally Qualified Health Centers (FQHC)
FQHCs provide comprehensive health care for uninsured and underinsured persons throughout the Counties. To improve the holistic approach to care in the FQHCs, behavioral health treatment is integrated and co-located in the Centers. Each of the FQHCs offer a combination of assessment, treatment and referrals to other behavioral health providers when treatment needs exceed what can be provided by the FQHC. Services are provided by licensed clinical social workers. Individuals access one of five FQHCs that include South East Lancaster Health Clinic, Hamilton Health Center located in Harrisburg, Sadler Health Center located in Carlisle, Keystone Rural Health Center located in Chambersburg and utilized by Cumberland and Perry County individuals, and Welsh Mountain, located in Lancaster and Lebanon Counties.

The total number of Members who utilized a FQHC for behavioral health services in 2017 was 2,200 compared to 1,905 in 2016. The majority of individuals who utilized the service were adults with a total count of 1,664.

Development of New PH/BH Initiatives
In 2014, in collaboration with the Clinical Committee, a workgroup comprised of PerformCare, Stakeholders, Counties and CABHC developed a list of potential new PH/BH initiatives and selected five new projects. PerformCare took the lead with researching and developing the plans for each initiative. The following are the five initiatives selected by the workgroup along with respective updates on work completed in 2017.

1. **Medication Reconciliation** - Improve communication between PH and BH inpatient and outpatient providers on the medications that a Member is prescribed. *Completed in 2016*
2. **Support Caregiver Toolkit** - Provide support to family members and significant others through educational materials which address how physical and behavioral health issues are interrelated and how one can affect another. Two Natural Support Caregiver toolkits were created in 2017 and posted on the website on 9/1/17. *One toolkit focused on children and adolescents and the other toolkit focused on the adult population. These*

toolkits provide guidance to natural supports to help them understand the links between physical and behavioral health and their role in promoting prevention and treatment. Topics such as stress, anger, lifestyle choices including smoking, drug and alcohol use, and medicines, dental care and eating and exercise habits were addressed.

3. **Cardiovascular Disease (CVD) Training** – Develop and provide face to face trainings and place on the PerformCare website a series of educational materials on the correlation between CVD, Depression and Anxiety. *No activity to date*
4. **Targeted Case Management Trainings** – Develop and provide trainings and materials to Case Managers; *Completed in 2016*
5. **PHQ-9 in PCP Offices** – PerformCare will encourage the use of the PHQ-9 which is a brief depression screening tool, by partnering with larger volume primary care clinics and offering tools and resources to increase the utilization of the PHQ-9. *No activity to date was achieved.*

REINVESTMENT

Reinvestment Projects are developed from available HealthChoices treatment funds that are not expended during a given fiscal year, as well as any County or CABHC surplus administrative funds. If these funds are not designated to secure risk and contingency reserves or administrative costs, then they can be designated for reinvestment. Reinvestment funds can be used as start-up costs for In-Plan Services, development and purchase of Supplemental Services (in lieu of or in addition to in plan services) or non-medical services that support Members' behavioral health.

There are four reinvestment projects that were approved through OMHSAS and have been maintained with reinvestment funds for multiple years. CABHC receives and evaluates monthly performance information to determine if stated objectives are occurring for each project. The information is reviewed for frequency, quantity, location of services and alignment with the stated objectives to assure that the needs of the individuals enrolled in each service are being met. The financial status of each project is monitored to verify that reinvestment funds are expended appropriately and the projects stay within budget. The four projects include:

1. Respite

CABHC provides reinvestment funding to support the provision of Respite services to C/A and Adults. Respite services have been provided to Members since 2004. The service is utilized primarily by children and adolescents and is typically provided in the Member's home. Management of the service is provided by a respite management agency, Youth Advocate Program (YAP), who is under contract with CABHC. The Respite outcome data is maintained on a fiscal year basis. For FY 16/17, the respite program served a total of 356 Members. A total of 10,798 hours of In Home respite and 62 days of Out of Home respite were provided (see Table 20). Total expenditures for FY16/17amounted to $295,203. During the 16/17 fiscal year YAP has continued their marketing and outreach efforts to increase awareness of the service and began work on revising the respite training manual.

Table 20: Respite Services FY 16/17

County	# Members Served	In Home Hours	Out of Home Days
Cumberland	50	2,006	26
Dauphin	92	2,368	30
Lancaster	149	4,104	2
Lebanon	61	2,195	0
Perry	4	125	4
Totals:	356	10,798	62

2. Specialized Transitional Support for Adolescents

This Reinvestment program targets adolescents from 16 up through the age of 24 who have a mental health diagnosis and need support in the areas of employment, education, independent living and community involvement and socialization. Transition Coordinators working with the youth will conduct educational groups and/or individual sessions in order to work on the steps needed to reach individualized goals. The outcome of this program is to foster and encourage success in adulthood. The annual reports submitted by each program at the end of the fiscal year indicate successful outcomes for the majority of the program participants, especially those who stay engaged in the program. The data in Table 21 is based on FY16/17 reports. Through June 30, 2017, a total of 137 youth were enrolled in the four programs.

Table 21: Specialized Transitional Support

County	Program	Members
Cumberland/Perry	NHS Stevens Center	29
Dauphin	The JEREMY Project, through CMU	34
Lancaster	Community Services Group	40
Lebanon	The WARRIOR Project, PA Counseling Services	34

3. Recovery House Scholarship Program (formerly the Substance Abuse Supportive Housing Program)

CABHC's Recovery House Scholarship Program provides scholarships to individuals who require financial assistance to enter a Recovery House as part of their recovery from substance abuse. Since 2007, CABHC has been providing scholarships to those who qualify for the program. To assure certain standards of quality, Recovery Houses interested in serving individuals receiving scholarships from this program must submit a written application and complete a site visit conducted by CABHC staff.

As of June 30, 2017, there are 75 active Recovery House sites provided by 28 participating Recovery House organizations. One organization that had been participating in the Recovery House program was involuntarily removed from the program in April for failure to submit refunds and questionnaires on behalf of scholarship recipients who left the recovery house.

In FY 16/17, CABHC issued scholarships to 326 individuals. All participating Recovery Houses are required to submit a follow-up individual questionnaire for each scholarship recipient. Questionnaires are required to be submitted to CABHC upon a recipient's departure or at the end of 90 days of residency. The information collected through these questionnaires is compiled and

presented in an annual report that is shared with CABHC's Drug & Alcohol Workgroup and Board of Directors.

In March 2017, CABHC's Administrative Assistant became the primary point of contact for CABHC Recovery House scholarship recipients. CABHC's Drug & Alcohol Specialist retains oversight of the Scholarship program, to include the review and approval of all recovery houses and assisting with any problems that are otherwise unable to be addressed.

4. Recovery Specialist Program (RSP)

The D&A Recovery Specialist Program provided by the RASE Project is non-clinical in nature and focuses on life and recovery skill development that is vital to the success of an individual's sustained recovery from their addiction. Supports are identified and recovery plans are developed by the Member with the assistance and support of a Certified Recovery Specialist. These include but are not limited to recovery education, identification and engagement with community resources that encourage recovery, support systems to remain engaged in formal treatment, and identification and access to stable housing and employment as a cornerstone to assist in an individual's recovery. Services are primarily delivered face-to-face in the community.

In FY 16/17, 321 individuals received services through this Program. The outcomes for the RSP that were established by RASE are: Engagement in Treatment; Acquisition of Safe and Stable Housing; Reduction of Involvement in the Criminal Justice System; and Acquisition of Employment. RASE's annual outcomes report indicated that 92% of participants were engaged in treatment during their involvement with RSP, 91% acquired or remained in stable housing, 99% had no new incidents of criminal activity and 71% acquired employment.

RASE remained diligent in their efforts to successfully complete the Corrective Action Plan (CAP) they have been on since Fall 2016. Their focus was on creating and implementing a process to monitor the action steps and new procedures that were developed through the CAP that would assure they are achieving improvement in the quality of their documentation. Preliminary conversations have occurred regarding the transition of this service to HealthChoices funding as a supplemental service by July 1, 2018.

In addition to the four sustained reinvestment projects mentioned above, there are 21 approved projects that are in various stages of development or operation. Please see Appendix A for a list of all reinvestment projects that includes a status update of the various projects as of December, 2017.

CONSUMER SATISFACTION SERVICES

Consumer Satisfaction Services, Inc. (CSS) is a non-profit, consumer driven and consumer operated organization whose mission includes measuring Member satisfaction with mental health and substance abuse services for HealthChoices Members residing in Cumberland, Dauphin, Lancaster, Lebanon, and Perry Counties. CSS's goals include obtaining feedback on behavioral health services to determine if these services are meeting the standards set for quality, cultural sensitivity and effective treatment. Additionally, CSS seeks to ensure consumers of these services have a strong voice in evaluating the services that are being provided both from an individual provider review as well as from a HealthChoices Behavioral Health system review.

The following are highlights from the FY 2016/2017 CSS Annual Report.

CSS surveyed 1952 respondents from the Counties that represent 901 adults (46.2%) and 1051 children/adolescents (53.8%). This is decrease of 507 surveys conducted in FY15/16 (see Table 22). Of the 901 adults, 879 (97.9%) responded for themselves, 15 (1.7%) had a parent/guardian respond for them and 7 (.8%) responded for themselves with a parent/guardian present. Of the 1051 child/adolescent consumers, 23 (2.2%) responded for themselves, 973 (92.6%) had a parent/guardian respond for them, and 55 (5.2%) responded for themselves with a parent/guardian present. CSS was able to complete 1790 (91.7%) of the surveys face to face, which was a decrease from the 94.8% that were face to face in FY15/16.

Table 22: Total Interviews and Face–Face

Fiscal Year	Adult	F-F	%	Child	F-F	%	Total	F-F	%
15/16	1514	1452	95.9%	958	892	93.1%	2472	2344	94.8%
16/17	901	839	93.1%	1051	951	90.5%	1952	1790	91.7%
Change	**-613**	**-613**	**-2.8%**	**93**	**59**	**-2.6%**	**-520**	**-554**	**-2.4%**

Data was collected by 10 interviewers from 60 treatment facilities. In all, 12 treatment levels of care were accessed by the respondents that include: 495 (25.4%) received BHRS, 359 (18.4%) received Partial Hospitalization, 284 (14.5%) received Crisis Intervention, 168 (8.6%) received D&A Outpatient Clinic, 158 (8.1%) received D&A IOP, 120 (6.1%) received After School Program, 120 (6.1%) received Peer Support, 104 (5.3%) received STAP, 82 (4.2%) received Mobile Psych Nursing, 48 (2.5%) received ACT, 11 (0.6%) received EIBS, and 3 (0.2%) received CRR Host Home.

There was a total of 28 items that were included in the calculation of the Total Satisfaction Score (TSS). The responses ranged from 1 (Strongly Disagree) to 5 (Strongly Agree). Higher scores on questions represent higher satisfaction. The scale has a range of 28-140. Scores 113-140 indicate a high level of satisfaction, scores 85-112 indicate some level of satisfaction and scores below 84 indicate some level of dissatisfaction. The overall mean for all respondents for Total Satisfaction Score (TSS) was 111.6.

Overall, the majority of individuals who accessed treatment were satisfied with their services that are reflected in the combined satisfaction score of 111.6 which is an increase from the FY15/16 score of 110.63 (see Table 23).

Table 23: Satisfaction Score

Fiscal year	Adult	Child	Total
2015/2016	1514	958	2472
	111.06	109.96	110.63
2016/2017	901	1051	1952
	112.70	110.65	111.6

In total, 43.5% to 69.1% of consumer's responses reflect that services have improved their lives in each outcome area. Additionally, 21.8% to 34.7% of consumer's responses reflect that no change has resulted from involvement in services. Only 4.1% to 8.8% of consumer's responses reflect that things are worse as a result of services. The full CSS Inc. report provides detailed information on the satisfaction scores by age, county, race, implementation, outcomes and analysis of each question. The complete CSS FY16/17 Consumer Satisfaction report can be viewed on the CABHC web site at www.cabhc.org.

FISCAL OVERVIEW

Financial oversight of the Corporation (CABHC), the HealthChoices Program and monitoring of PerformCare's financial statements remains an ongoing, shared endeavor between CABHC staff, CABHC's Fiscal Committee and the Board of Directors. Areas of focus in FY 16/17 include monitoring of corporate finances of CABHC and PerformCare and monitoring the HealthChoices Program solvency.

CABHC Fiscal Year 16/17 Financial Performance

CABHC's financial performance remained strong during FY16/17. Member enrollment increased 3.13% during the year. This increase in Members also provided for an increase in administrative capitation payments, therefore giving CABHC an administrative surplus during FY16/17. CABHC's administrative expenditures remained level resulting in a positive cash flow situation. The excess administrative capitation received from both the Counties and CABHC in excess of related expenses was used to pay for reinvestment services approved by OMHSAS and developed in collaboration with CABHC and the Counties.

CABHC's Fiscal Committee is responsible for monitoring and reporting on the financial position of CABHC, reviewing financial statements and presenting the information to the Board of Directors on a monthly basis. CABHC's contracted auditors, The Binkley Kanavy Group, conducted a corporate audit at the close of the fiscal year resulting in no reportable findings and issued the opinion that the financial statements were presented fairly, in material respects, to the financial position of CABHC and the changes in its net position and cash flow for the year ended in accordance with generally accepted accounting principles.

CABHC Monitoring of PerformCare Financials

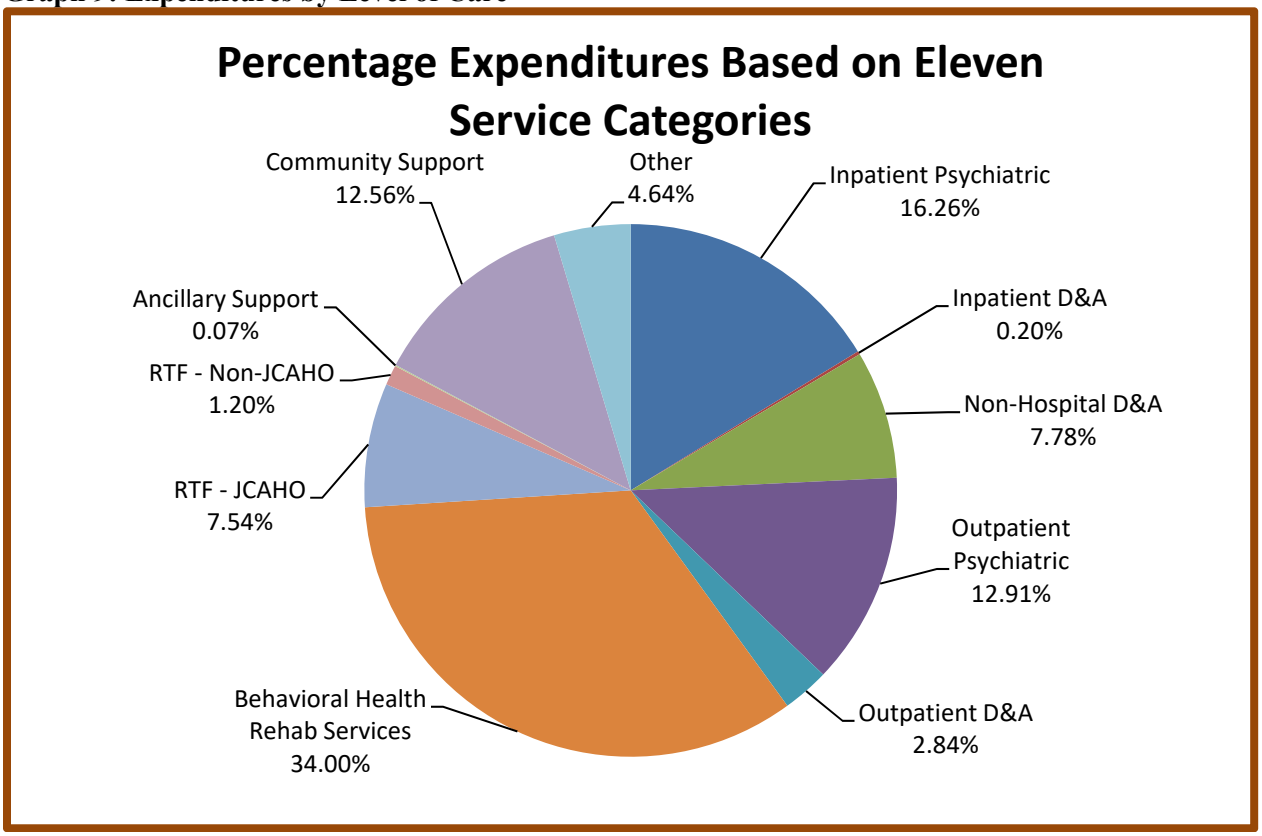
The Fiscal Committee of CABHC monitors PerformCare's financial solvency and reports its findings to the CABHC Board of Directors. The Committee monitors PerformCare by reviewing the following: Capital Region Financial Statements, PerformCare Corporate Financial Statements and the AmeriHealth Caritas Corporate Audit including the PerformCare Supplemental Statement. During FY16/17 when questions or concerns were raised, PerformCare was active in providing clarification so that the Committee could fully understand the financial position of PerformCare and its parent company.

HealthChoices Program Performance

The financial solvency of the HealthChoices Program is closely monitored through a review of the CABHC medical expenses via the Surplus/Deficit Report prepared by the CABHC contracted actuary. Along with the monitoring of this report, CABHC's contracted actuary provides quarterly risk reports and certifies incurred but not reported (IBNR) estimates that are reported to OMHSAS on the quarterly financial reports.

Graphs 9 reflects the division of medical expenditures for FY16/17 based on levels of care.

Graph 9: Expenditures by Level of Care



During FY16/17, the HealthChoices medical capitation revenue paid by DHS to the Counties' HealthChoices Program exceeded medical expenses. This allowed the Counties to develop and get approved additional reinvestment projects.

In FY16/17 the Binkley-Kanavy Group also conducted an audit of various aspects of the HealthChoices program which included claims processing, MIS/Encounter data reporting, MCO subcontractor incentive arrangements, and financial management and reporting for the fiscal year. The yearlong audit included quarterly claims data testing, an annual trip to Counties and several visits to PerformCare. The Binkley Kanavy Group issued the opinion that the financial schedules were presented fairly, in material respects and in conformity with accounting principles prescribed by the Commonwealth of PA, Department of Human Services

CONCLUSION

The CABHC HealthChoices Behavioral Health program is responsive to the need for both mental health and drug and alcohol services for adults and children/adolescents. The rapid growth in the adult membership over the last two years due to Medicaid expansion has ended and annual growth has returned to normal levels. Providers strive to meet the needs for all Members by increasing capacity, although challenges still exist in assuring that services are available for Members when they need it. As noted throughout this Annual Report, the structure that supports people with their behavioral health needs is the result of a strong partnership between OMHSAS, CABHC, County partners, PerformCare, Stakeholders and the many Providers who are the front line in developing and providing vital services.

The success of CABHC is dependent on Providers, PerformCare and stakeholders to be vested in providing accessible, high quality service to all our Members. The improvements to the HealthChoices Behavioral Health program over the past year have led to more efficient and high-quality service. Our priorities for the upcoming year emphasize innovation in service delivery and expansion of evidenced based programs, integration of behavioral and physical health services and development of value-based purchasing. There is also a strong focus on opioid use and how to better meet the needs of individuals with a substance use disorder.

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Appendix A:

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Respite Care	All	YAP	02-03, 04/05 05/06,07/08 08/09,10/11-15/16	12/1/2004	Operational
Description:					
Respite services offer short-term respite services to children, adolescents, and adults. The services provide temporary relief for caregivers by giving them a rest or break from caring for a child and/or adult with severe behavioral and/or emotional health concerns. Respite is offered as either In-Home or in the community. Respite workers supervise and interact with the individual family member while caretakers are able to take a break. Youth Advocate Program is the Respite Management Agency (RMA) for this program and has been able to contract with a number of additional providers to provide additional staff, as well as a few individuals who also provide these services.					
Status: Update 12/17: As of October, FY17/18, the total amount spent was $113, 345. A total of 262 Members received 1293 respites. The Respite workgroup continues to meet to increase capacity and improve the quality of respite services.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Specialized Transitional Support for Adolescents	All	Jeremy, NHS, Warrior CSG	C/P-Da. 04/05,05/06, 08/09,09/10/ 10/11 LB/LA 09/10,10/11-15/16	Various	Operational
Description:					
This project was started with the goal of giving support to adolescents from the age of 16-22 years who are HealthChoices Members. These Members all are at a point where there is a need to begin planning their transition from children to adult services. The transitional program is designed to focus on four basic target domains to assist these individuals in becoming successful adults, including: Education, Employment, Independent Living, and Community Involvement. There are currently four providers for transitional services, The Jeremy Project in Dauphin County, NHS Stevens Center in Cumberland and Perry Counties, PCS Warrior in Lebanon County and CSG in Lancaster County.					
Status: Update 12/2017: Since July 1, 2017, the Transitional Support for Adolescents Programs served 110 unique Members and provided 9,993 units of service. The new Transitional Coordinator began employment with CSG on October 30th and the group/individual participation increased from the previous month. All Programs continued to engage participants in a variety of group activities and community events.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
SA Supportive Housing (Recovery House Scholarship Program)	All	Various	04/05,05/06 08/09,10/11-15/16	12/1/2007	Operational
Description					
There are a number of individuals who, when completing non-hospital rehabilitation or halfway house services for the treatment of substance abuse issues, require some form of transitional housing to support their recovery. This may include individuals who are homeless or whose prior living situation would have undermined their recovery efforts. A local network of Recovery Houses has been developed to provide a living environment that reinforces recovery. In order to assist individuals who, qualify, CABHC can provide scholarships to fund up to two months' rent for a person to move into a Recovery House. CABHC began providing scholarships in December 2007.					

Status: Update 12/2017: In the month of November, the Recovery House Scholarship program awarded 36 new scholarships, bringing the YTD total to 196. November scholarship payments (1st and 2nd) totaled $25,379.76.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
D&A Recovery Specialist Services	All	RASE Project	09/10-15/16	6/1/2012	Operational
Description					
Recovery Specialist Services are for individuals who are in need of one-on-one recovery coaching to assist them with overcoming the obstacles that otherwise may keep them from succeeding in the process of recovering from substance abuse. Recovery Specialists serve individuals who chronically relapse into abuse of substances and struggle to stay engaged in treatment and/or remain in sustained recovery. Program participants are matched with a Recovery Specialist who meets with them regularly and assists them in learning the skills necessary to live successfully and maintain their sobriety. The RASE Project manages the day to day operations of the Recovery Specialist program.					
Status: Update 12/2017: RASE provided Recovery Support Services to 93 individuals in November 2017. Approximately 75% of all the RSP services are occurring face-to-face. RASE remains on a CAP related to the findings of the annual on-site program review conducted by CABHC last summer. It will be reviewed for completion at a later date.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Housing Initiative	All	Pending	10/11, 13/14, 15/16	TBD	Under Development
Description					
Each County has its own housing initiative plan as presented to OMHSAS.					
Status: All Counties have received their allocated funds to be utilized towards their approved plans with the exception of Perry County. The Perry County Housing Plan will be reviewed under 14/15 initiatives.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
MH-IP Integrated Peer Specialist Services	All	Philhaven, PPI, LGH, HSH	10/11, 13/14	9/16	Operational
Description					
It is the goal of this program to implement the development of Certified Peer Specialist (CPS) services that will be imbedded into four local MH IP units, including Philhaven, Pennsylvania Psychiatric Institute, Lancaster General Hospital, and Holy Spirit Hospital. The CPS will be active with the inpatient unit staff team to bring a recovery oriented perspective to the culture of the program. The CPS will also support and educate persons in treatment about the recovery philosophy as experienced through their own recovery, assure that the person has a strong partner in their treatment choices and most important, to assist in the discharge planning process, including limited follow up in the community after discharge.					
Status: Update 12/2017: The Philhaven, PPI and Holy Spirit Hospital projects have been completed. The FT CPS resigned on June 30, 2017. The part-time CPS increased her hours from 20 to 28 hours/week. LGH was able to recruit and hire their second CPS who started orientation 12/18. He will work 24 hours/week to start. The CPS talked with 96 individuals through the month, completed 40 consults and had 236 individual contacts.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Recovery House Development	All	Various	10/11	Various	Complete
Description					
This project will fund eight new substance abuse recovery houses in the Counties through the purchase and/or renovation of selected homes. At least one of the homes will serve women and children. CABHC is facilitating a selection committee that will set the standards these programs will need to meet to be eligible for start-up funds.					
Status: Update 12/2017: All houses under this initiative are now open. Annual walkthroughs of each location are occurring per the terms of the contract.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
C/P D&A Recovery Specialist	Cumb/Perry	RASE	10/11	2/16/17	Operational
Description					
The goal of this project is to employ two part-time D&A Recovery Specialists to provide substance abuse recovery support services to participants in Cumberland County Specialty Courts. All D&A Recovery Specialists hired under this program will be expected to become certified as a Recovery Specialist through the PA Certification Board. The target population will be adults who have cycled in and out of D&A services and are participants in the Cumberland County Children and Youth Services, Specialized Substance Abuse Disorder Case Management program. The purpose of this program is to enhance the delivery of Substance Abuse services to families involved with Cumberland County CYS and Juvenile Court system, with a special emphasis on parents with children under the age of five and who are at risk of losing their children.					
Status: Update 12-17: For the month of November 2017, RASE provided 42 units of D&A Recovery Specialist Services to 13 Cumberland County residents.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
CSG Mobile MH-ID Behavioral Intervention	Dauphin, C/P, Lanc./ Leb.	CSG	10/11, 13/14-15/16	2/15	Operational
Description					
The program will fund the creation of three Mental Health and Intellectual Disabilities teams consisting of two professionals that will assist adults 21 years and older with a serious mental illness or intellectual disability. The team will include a Behavioral Specialist and a Registered Nurse who will work with individuals and their families, or other support systems. This service will include a Functional Behavioral Assessment which will be used to develop a treatment plan for the individual, focusing on their behavioral issues/needs, interventions, and other related needs. All direct services conducted by this team are considered mobile because they are most often delivered in settings outside of an office (often in the home or community).					
Status: Update 11/2017: In the month of October, CSG provided services to 22 individuals for a combined 491 units. Their PT nurse resigned and CSG is considering hiring a FT nurse, as it is difficult to find a PT nurse with the necessary qualifications. The FT nurse is filling in temporarily. CSG has begun the process of revising the service description, which has been sent out to the Counties for review.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
D&A Brief Intervention	All	DA-SCA	13/14	1/2017	Dauphin-Implemented
Description					
The primary goal of the D&A Mobile Brief Intervention and Assessment is to create an intercept point for individuals accessing hospital emergency services or are in physical healthcare units of local hospitals that may be in need of substance abuse services. This intercept point would provide identification and linkage services to substance abuse treatment for individuals struggling with addiction and co-occurring mental health problems.					
Status: Update 12/2017: Dauphin County began services in mid-January 2017 and provides monthly utilization reports to CABHC. Most recently they reported completing 15 assessments (9 were active PerformCare Members). A total of 104 assessments have been performed FYTD. Lebanon County partnered with CABHC to have an RFP issued to two providers who expressed interest in responding to the proposal. The Proposal Selection committee met at the end of September and, after additional requested information was received from both providers and reviewed, Pennsylvania Counseling Services was awarded the project. The contract is being prepared as of this writing.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
IP FUH Discharge Support (Project RED)	All	Philhaven, LGH, PPI	13/14	11/2017	Philhaven and PPI-Operational
Description					
This program will work with four local MH IP providers to develop a nursing support service that will assist high risk Members with their discharge and attendance at their follow-up appointment. The four hospitals will develop a discharge nurse position that will follow the member after they have been discharged to support the individual with filling prescriptions, providing onsite medication reconciliation, verifying aftercare appointments, assuring potential barriers to attendance of the appointment are addressed and provide follow up consultation. The support will be short term and intensive, with the nurse beginning contact before the discharge. It is anticipated that the support will not last more than 30 days, and is expected to average 10 days in duration. Mobile Psychiatric Nursing may be an alternative if a MHIP provider is unable to support the discharge nurse position.					
Status: Update 12/2017: LGH has an approved Service Description and has signed the contract for Project RED. In December they held several RED planning meetings and they are currently working on hiring staff. Philhaven has fully implemented RED and things are going well. Since the Nov update they've had 18 Members complete a RED discharge and there's 7 more people on the unit actively involved in the RED program. Philhaven is in the process of fine tuning their data collection and score cards to fit the needs of the project. PPI continues to work on implementing additional aspects of the RED program into their existing READY discharge. They are in the process of transitioning the follow-up phone calls to the RED staff and they're working on improving group education curriculum. They hope to begin nursing education encounters, use of a discharge manual, and a data collection tool for RED in January 2018.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
MH and D&A co-located Clinic	Lancaster	PCS	13/14	12/15/2017	Completed
Description					
Data clearly indicates that the vast majority of residents in the Columbia, Lancaster county area are required to leave the area to access MH and D&A OP treatment. Therefore, the development of a single provider run co-located MH OP licensed satellite clinic and a D&A licensed OP clinic will offer better access for these members. CABHC, Lancaster County MH /ID and SCA, PerformCare and stakeholders will develop and disseminate an RFP to select a provider that is licensed to provide both services in a co-located site.					
Status: Update 12/2017: Pennsylvania Counseling Services received their PROMISE number and approval from PerformCare for OP and IOP. With this in place, PCS reported that several assessments have been scheduled for mid-December. They continue to pursue credentialing for private/commercial insurances and their Administrator and lead therapist continue to engage with community organizations and referral sources as part of their networking efforts. PCS anticipates that the coming weeks should see a steady flow of individuals obtaining an initial assessment and beginning treatment. The new year will see the lead therapist transition full-time to the Columbia COD clinic to ensure needs are being met and that the Hazelden model is being implemented.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Vivitrol Care Coordination	All	RASE	13/14	7/1/2016	Operational
Description					
It has long been understood by professionals, researchers and persons in recovery that substance use and addiction are multifaceted health issues and it is apparent that there is a need to offer additional treatment supports that would help expand the use of Vivitrol as a treatment option. The development of the Vivitrol Care Coordination Service will provide education to physicians in an effort to engage additional PCPs who will utilize Vivitrol medication assisted treatment as part of a comprehensive opioid treatment and care coordination approach; Increase the number of members successfully utilizing Vivitrol in a recovery program from opioid addiction; And assist members who are engaged in Vivitrol treatment in their access to and coordination of support by other community agencies/organizations.					
Status: Update 12/2017: The Vivitrol Coordinator Program (VCP) is operational as of October 2016. In November, 48					

participants were engaged with the program. FYTD, the program has served 104 individuals. RASE continues their recruitment and networking efforts. The service description was submitted to OMHSAS and approved as a supplemental program. Projected transition to HC is 1/1/18.

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Behavioral/Physical Health Integration	Lancaster, Dauphin	LGH, NHS,	13/14	LGH-5/2016 NHS-6/2017	Operational
Description					
The BH/PH Integration project consists of two models. The BH/PH model to be developed by Lancaster General Hospital will initiate a Community Health Worker (CHW) program focused on interventions with high utilizers of emergency dept. services. The objective is to determine if CHW interventions will improve post emergency room outcomes among low socio-economic individuals with corresponding mental illness. The CHWs interventions will be modeled after the Penn Medicine IMPaCT model of CHW care. The second project is the development of an integrated BH and PH model that would establish the NHS Capital Region (NHSCR) MH Outpatient Clinic located in Harrisburg as a Health Home program for Gateway members who receive their mental health treatment at NHSCR. The program's objective is to support the triple aim of improving the health of individuals with SMI; enhancing the consumer experience of care (including quality, access, and reliability); and reducing/controlling the per capita cost of care."					
Status: Update 12/2017: Nurse Navigator – NHS reported that they worked with 13 different individuals in November and provided 94 units of service. YTD they have worked with 19 different individuals. LGH provided services to 9 individuals and provided 31 units of service. LGH reports that they spend a considerable amount of time trying to engage individuals. CHWs have assisted individuals with their insurance coverage, pharmacy, supportive services and housing/food needs. CABHC is beginning to participate in monthly meetings with LGH.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Psychiatric Access	All	PPI, PCS, TWP, NHS, CSG, Philhaven	13/14	NHS-8/1/17	Operational
Description					
Routine access to initial psychiatric evaluations and medication management remains a significant challenge. This program is targeted to award 3 contracts to MH OP providers that can be used in the recruitment and retention of Psychiatrists to our HealthChoices BH program. An RFP establishing the guidelines of the use of the funds and the development of clear and measurable outcomes will be developed by an oversight committee. Each proposal selected must clearly increase the availability of psychiatric time, indicate the targeted HealthChoices population that will be impacted and state the projected improvement to access of psychiatric time. The proposal must include a contractual commitment with the Psychiatrist(s) that will benefit from this contract in how long they will provide their service at the OP Clinic and consequences if they leave before their commitment is up. The expected commitment is three years.					
Status: Update 12/2017: Dr. Faraz Tyeb began full-time employment at NHS in August and is currently serving adults (18 or over) at the NHS Stevens Center. NHS will provide a quarterly update in February. Dr. Qasim began seeing clients at Wellspan Philhaven on September 5th, 2017, providing Lebanon County with approximately 2 new days of psychiatric time per week and Lancaster County with approximately 3 new days per week. Philhaven will provide a quarterly update in January. TWP conducted a phone interview with a potential candidate and the individual is considering scheduling an in-person interview. No update from PPI was received. CSG and PA Counseling are continuing their outreach/search for qualified psychiatrists by working with several professional psychiatric recruitment agencies.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Dauphin Recovery Center	Dauphin	SRI	14/15	TBD	Under Development
Description					
This grant project is part of SAMHSA's Center for Substance Abuse Services (CSAT) and has identified that the key focus of this grant is to foster peer-to-peer recovery support services that are designed and delivered by persons in recovery which will network and build strong and mutually supportive relationships with formal systems in their communities. Peer Operated Recovery Centers do not provide treatment and not require to be staffed by paid professionals. This is a peer to peer operated program. The objective of this proposal is to seed the start up or revitalization of one Peer Operated Recovery Center in Dauphin County. This will only one-time funding and a requirement of' the Center is that they have an identified model that defines how it will be peer run and self-sustaining.					
Status: Update 12/2017: Susquehanna Recovery Initiative (SRI) reports that they are actively securing additional financing as wiring, masonry and plumbing work continues at the property. An engineer is preparing the required diagrams and specifications for the building permit to add a ½ bath on the 1st floor for the coffee shop. The residential section of the building is nearing completion and SRI hopes to begin moving residents into it in January 2018.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
RTF Teleconferencing	Various	TBD	14/15	TBD	Under Development
Description					
This program allows the family of a child in a Residential Treatment Facility to participate in treatment and team meetings via a telecommunication system. This is utilized in cases where the Residential Treatment Facility their child is placed in makes participation difficult or impossible. The goal of this program is to decrease readmission through the support of increased parental participation in the treatment process. The teleconferencing is secured between two site locations. Lancaster, Lebanon, Cumberland and Perry will designate a county-specific secured site, typically at a case management location. The other secure site would be at the Residential Treatment Facility.					
Status: 12/2017: Discussions with Silver Springs RTF continue between Cumberland County in order to develop their work plan. A final plan is near completion. Lebanon County has submitted their work plan to CABHC so that the contract can be completed. They were unable to connect with an RTF at this time to partner with. Lancaster County is working with CSG who will develop their work plan.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Common Ground	Various	NHS, Catholic Charities	14/15	TBD	Under Development
Description					
This service is to implement four (4) CommonGround Decision Support Centers in four of our licensed adult MH OP clinics. There would be a selected Clinic in each of the Counties with CU/PE being a joinder and having one clinic between the two Counties. The CommonGround Decision Support Center is a nationally recognized, recovery oriented program that assists a person in their preparation to meet with their psychiatrist to discuss their treatment and develop their person-centered plan, including Wellness Goals.					
Status: Update 12/2017: NHS has completed their service agreement with PDA and completed all the necessary trainings. Marketing communications are being developed. Their launch date was December 13th. Both the lead Peer Specialist and the Peer Specialist have been hired and training has begun. Catholic Charities hired a peer specialist and Common Ground was on site for training December 20th. All staff received group and individual training. All the staff are set up in the software and Capital Counseling is working on setting up the clients in the system. CC's anticipates an official launch in January.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Perry County Housing	Perry Cty	PHP, RACC	10/11 & 14/15	TBD	Under Development
Description					
The co-developers, the Perry Housing Partnership (PHP) and the Redevelopment Authority of the County of Cumberland (RACC), have identified an underserved community in Perry County for a 6-8 unit, workforce housing site. PHP and RACC have begun searching for appropriate sites. More than half of the six to eight units will be exclusively for MA eligible consumers of Behavioral Health Services and will be fully integrated into the development. This housing is permanent, supportive housing. CABHC will provide a total of $360,532 to the project.					
Status: Update 10/2017: The new Capital Project Guidelines were reviewed at the recent regional Housing meeting which stated that the county needs to meet with the OMHSAS about the project before it can be submitted for tax credit application. This project was started years ago and tax credits were applied for last year but without success. A meeting was held with OMHSAS to review the project. The meeting went well with no issues and the county was told to go ahead and submit the tax credit application.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
D&A Male Halfway House	Various	The Gate House	14/15	TBD	Under Development
Description					
This project is to develop a licensed D&A Rehab Halfway House that will serve the adult male population. There are currently two Halfway Houses in the five Counties that serve males. In CY 2014 and 2015 combined, there were 386 male admissions to the Halfway House level of care. Of these, 178 or 46.1% were placed in programs outside of our Counties. This data clearly shows that the local network of Halfway Houses for men should be enhanced. CABHC, in partnership with the County SCA Directors, PerformCare and the D&A Stakeholders will develop an RFP to solicit the development of this program. The facility's capacity would be targeted to be between 18-24 slots with the potential to serve 100 members per year.					
Status: Update 12/2017: REI has entered into a sales agreement on a property and is securing the necessary zoning and financing. They intend to use this property as a halfway house for 26 female clients (who currently reside at their property in Mountville) and then convert their Mountville property for use as a halfway house for 26 men. They have indicated that settlement on the new property is to occur on or before April 30, 2018.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Psych Rehab	Cumberland, Dauphin, Lancaster, Lebanon	CSG, Keystone, NHS Stevens	14/15	8/28/17	Cumberland, Dauphin, Lancaster -Completed
Description:					
This project will assist the three existing Psych Rehab site based programs (NHS STAR Program, CSG Tempo Program and Dauphin Keystone Human Services Program) in their submission and approval to become a supplemental service so that HealthChoices can fund this service for members who meet the eligibility criteria. The remaining part of this initiative is to assist Lebanon County to develop the capacity to start-up a site based Psychiatric Rehab program through the procurement of a provider and provide the funding of the start-up using reinvestment funds.					
Status: Update 11/2017: Licensing and submission and approval of Alternative Payment Arrangements have been completed with OMHSAS. This will permit the agencies to bill directly to PerformCare which should be completed by the end of October. Funds for a provider to develop psych rehab in Lebanon County have also been allocated.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
FFT	All Counties	TrueNorth	14/15		Under Development
Description:					
An RFP for FFT services was disseminated to providers in the network. After a review process, TNWS was selected as the FFT provider for the Capital Area. The objective of this reinvestment project is to fund the start-up costs of this program.					
Status: As of December 2017: TNWS has initiated the following start-up activities: Training dates confirmed for January 17th-19th 2018; Two vehicles leased and on site; Contract with FFT, LLC has been signed and finalized; Meeting held with county stakeholders, CABHC, and PerformCare; Stakeholder informational session scheduled for 1/17; Informational flyer sent out to stakeholders; Attended county provider meetings (Northern Dauphin, Lebanon); Began creating contact lists of key referral sources in each county and started making outreach contacts; We are still on schedule with implementation plan, although stakeholder outreach and marketing materials have been slower than anticipated (due to holiday schedules); One therapist in the York/Adams County program has decided to switch to the Capital Area program. She will be half time in each program until she finishes current caseload and will assist with outreach to stakeholders in the Capital Area; Case Manager hired (start date Jan. 8th); 3 Therapists accepted the position and are scheduled to attend agency orientation in January; Position offered to one other therapist, still waiting to hear back; Reference checks for a few other candidates are occurring over the next week, with offer(s) expected to be made prior to January.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
OP -EBP, EMDR	All Counties	Child Trauma Institute	15/16	4/2/18	Under Development
Description:					
The objective of this reinvestment project is to fund the certification of selected OP providers to gain the capacity to provide an evidenced based therapy called Eye Movement Desensitization Reprocessing (EMDR). EMDR is a psychotherapy that enables people to heal from the symptoms and emotional distress that are the result of disturbing life experiences. EMDR therapy shows that the mind can in fact heal from psychological trauma much as the body recovers from physical trauma. Ten therapists will have the opportunity to attend and become certified to use EMDR.					
Status: Update 12/2017: A contract has been executed with Child Trauma Institute to conduct the EMDR training for 10 licensed clinicians. The training will consist of seven full days and one, half day of training. Tentative dates have been selected for the training to begin in April, 2018. A survey was distributed to OP clinics to see who would be interested in attending the training.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
D&A Recovery Specialist Expansion	All Counties		15/16		Under Development
Description:					
This project is to foster peer to peer recovery support services designed and delivered by persons in recovery which will network and build strong and mutually supportive relationships with formal systems in the community. The D&A Recovery Specialist service will expand by embedding Certified Recovery Specialists (CRS) into four licensed D&A OP clinics (one in each county with CU/PE being a joinder). An RFP will be developed and sent out to selected licensed OP clinics.					
Status: Update 12/2017: A draft RFP is being developed that will be distributed to providers who have an interest in hiring CRS into their licensed D&A OP clinics.					

Reinvestment Project	County	Provider	Plan Year	Start Date	Status
Supporting Positive Environments for Children (SPEC)	All Counties		15/16		Under Development
Description:					
The SPEC program provides support to selected school districts by building a culture and skills that focuses on prevention and supporting the adults who work with young children and expanding the use of evidenced based programs in the community. The SPEC model consists of the one SPEC facilitator/school providing on-site support to guide the implementation of school wide positive behavior interventions and supports. The support will be provided in 5 selected school districts (one in each county). SPEC will support the shaping and/or reshaping of a positive environment to prevent students from being dismissed from their learning environments. Each County will select a school district for SPEC to work with.					
Status: Update 12/2017: An orientation to SPEC was held on 11/28/17. A follow-up meeting is being planned to further discuss the project with selected school districts, Head Starts, etc.					